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ABSTRACT

This book is a guide for personnel responsible for implementation of a cross-curricular sex education project in schools. It complements and overlaps the contents of the "Teaching Materials" book which contains a set of cross-curricular modules suitable for use in secondary schools. Both books are designed to support other curricular programs, but each one can also stand alone as a contribution to the social education of students. The materials inform young people about the medical ramifications and other consequences of sexual behavior and encourage young people to find time for reflection. It is also hoped that this guide will provide educators effective strategies for coping with the demands of health and social education during a period of curriculum changes. The project incorporates "cross-curricular modules" to allow discussions of sexuality and relationships in various subject areas. The modules provide information and opportunities to explore a variety of topics. Each module, designed to be used by non-health-specialist teachers, is to be delivered in subject time. It provides purposeful activities for the subject course work, includes an element of class feedback for the coordinator, does not demand special skills in sex education, and contains no sensitive material. (RJM)

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ED 379 572

Cross-Curricular Sex Education (CCSE)

Project Pack for Schools and Health Authorities

1. Co-ordinator's Guide

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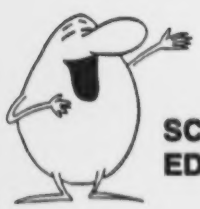

SCHOOLS HEALTH EDUCATION UNIT

CCSE Project in Somerset

Schools Health Education Unit: John Balding, Anne Wise, David Regis
Somerset Health Authority: Clare Laker, Kath Wilson, Nigel Laycock
Somerset Education Services

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Cross-Curricular Sex Education (CCSE)

Project Pack for Schools and Health Authorities

Documentation to support cross-curricular sex education for schools, advisory teachers, health care professionals and others working with secondary schools

1. Co-ordinator's Guide

This should be read
in conjunction with the book:

2. Teaching materials

CCSE Project in Somerset

Schools Health Education Unit, University of Exeter: John Balding, Anne Wise, David Regis
Somerset Health Authority: Clare Laker, Kath Wilson, Nigel Laycock
Somerset Education Services

CONTENTS

1. **Overview and background to Cross-Curricular Sex Education (CCSE) Project** 1.1

This section is a summary: it introduces the reader to the background and history of the project and to the ways in which the components fit together.

2. **The CCSE Project Cross-Curricular Audit** for Sex Education 2.1

Although the practice of curriculum auditing may be well-known and used within schools, this section describes a cross-curricular audit for the purpose of sex-related education, based on guidelines in the current NCC *Curriculum Guidance No. 5: Health Education* (NCC, York 1990).

3. **The Schools Health Education Unit (SHEU) Cross-Curricular Survey** for Sex Education 3.1

It is possible to monitor the changes in levels of understanding, attitudes and intentions of the boys and girls in a school through the use of a survey method. The 'maturation process' of the young people can thus be considered as part of the preparation, and timing of lessons and courses may be related to data arising from those courses.
The survey questionnaire is contained in this section, together with guidance on its use and some examples of results.

4. **The CCSE Project Modules** for Sex Education in subject areas 4.1

This section introduces the philosophy and practice of cross-curricular work, both in terms of NC subject requirements and Health Education as a cross-curricular theme. A selection of completed subject modules is outlined to enable the reader to obtain an overview of the content and suitable age-range of these modules. All the modules referred to are given in full in the companion **Teaching Materials** book.
Lastly, we explain how suggestions for future development and integration in your school may be used.

5. **The CCSE Project Team Leader's Handbook** for Sex Education in subject areas 5.1

The CCSE Project Team Leader's Handbook describes in some detail the issues that arise within the planning and implementation phases of the project, once a school has shown interest in becoming involved with the project.
The challenges, resources and possible approaches are signalled, with the aim of clarifying to the potential school co-ordinator what involvement in the CCSE Project will mean to them.

6. **The CCSE Project approach to working with Parents and with Governors** on Sex Education 6.1

Here we illustrate ways of working with parents and governors with regard to the CCSE Project and other areas of sex education in the curriculum.
There are materials and suggestions for aiding a school's approach to groups of governors, when seeking their comments and support for the programme.

7. **The CCSE Project approach to working with Health Care Professionals** on Sex Education 7.1

This section describes ways in which schools can liaise with Health Authority staff, and other local sources of support. This support may be used for the CCSE project and other aspects of the school's health education programme.

The CCSE Project

What is it about?

A sex education programme across the curriculum.

- Aims to develop in the young people
  - — Risk appreciation
  - — Promotion of good relationships
  - — Responsibility to self and others
- Lesson materials across the curriculum (section 4)
- Methods of co-ordination (sections 2 & 5)
- Details of work with Governors and Parents (section 6)
- Methods of monitoring a maturation process (section 3)

When and where to do it?

- Most lesson (modules) have been prepared for year 9; others also exist.
- Parents' evenings (section 6)
- Governors' meetings (section 6)

Who is involved?

Those currently involved:

- Teachers
- Parents and Governors (section 6)
- Health Care Professionals (section 7)

Back-up services available from:

- District Health Authority
- Schools Health Education Unit
- Local Education Authority

CCSE Project

Why do it?

Problem: Medical and social problems associated with early teenage sexual activity are well known and documented

Research: Has shown that later sexual activity is more successful

Hypothesis: If sexual activity can be postponed, then sexual activity will be more successful

Intervention: A variety of innovative, co-ordinated approaches, including cross-curricular modules in sex and relationships education are available for use.

How it's done

- Curriculum Audit (section 2) — ascertains what is already in place in the existing programme
- Introduction of the prepared lessons (modules) into different subject areas (section 4)
- Methods of gathering information (sections 3 & 4) to inform
  - — each subject co-ordinator
  - — the school co-ordinator

Recent legislation: *cross-curricular sex education in the light of Circular No.5/94: 'Education Act 1993: Sex Education In Schools'.*

The pack should obviously be used in conjunction with current or developing sex education policy in the school. This has to take account of recent changes in Governmental guidance on sex education. Circular 5/94 describes recent and existing legislation on sex and sex education, and in addition offers advice under the following headings:

- statutory provisions
- role of parents
- moral framework
- the context of sex education
- developing a school policy on sex education
- implementing sex education policies and programmes

The most important change from the point of view of our work is the provision giving parents the right to withdraw their children from any or all parts of a school's programme of sex education, **other than those elements required by the National Curriculum Science Order**. This order reads, in the proposed 'Dearing' revision circulated by SCAA:

> KS2: the main stages of the human life cycle
>
> KS3: the human reproductive system, menstrual cycle, fertilisation, and the role of the placenta; how the foetus develops in the uterus; the physical and emotional changes that take place during adolescence
>
> KS4: effects of sex hormones

If the sex education is placed in a separate and easily identifiable timetable slot, withdrawal may be easier than our approach of enabling teachers around the different curriculum areas to contribute. The law does not define the content of sex education, but the circular suggests that it might comprise:

- HIV/AIDS
- sexually transmitted diseases
- human reproduction
- sexual attitudes: emotional and ethical dimensions
- contraception
- human reproduction

Parents wishing to withdraw their children from sex education may be comfortable with the modules in this text. Provided that discussion is relatively limited and set in the context of other subjects concerned, it will not necessarily constitute part of a programme of sex education for the purposes of provision set out in annex A of the circular (legal obligations). Modules which deal with at least some specific aspects of the topics listed by DFE include:

Ma1: *AIDS: Modelling the epidmic* (Mathematics) — HIV/AIDS

Sc2: *Statistics: handling medical data* (Mathematics or Science) — STDs

PE1: *AIDS simulation game* (PE) — HIV/AIDS

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It is hoped that parents will not wish to withdraw their children from any of these modules, but the notes contained within this book, plus the circular, may assist where this does happen. The circular notes:

'The teaching offered by schools should be complementary and supportive of the role of parents, and should have regard to parents' views about its content and presentation. The more successful schools are in achieving this, the less the likelihood that parents will wish to exercise their right of withdrawal.'

The circular gives guidance on liaison to achieve a local consensus. We have our own model of working with parents, which is presented in Section 6, **Book 1 Co-ordinator's Guide.**

The Dearing review proposals

The publication of this pack has coincided with the circulation of the new Draft Proposals for the National Curriculum by the School Curriculum Assessment Authority (the Dearing review, May 1994). Any changes agreed, will come into effect from September 1995. It was decided not to adjust the lesson modules until adjustments are certain.

It is anticipated that:

a) an updated edition of these modules will be available in the autumn 1995 which take account of the eventual changes to the NC Orders;

b) a summary of the update will be issued to purchasers of this current edition.

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1. Overview and background to the Cross-Curricular Sex Education (CCSE) Project

CONTENTS

Section		*Page*
1.0	Summary	1.2
1.1	Foreword	1.3
1.2	Overview of the project	1.5
1.3	Planning and co-ordination	1.10
1.4	History: timeline	1.14

The CCSE Project in Somerset

Schools Health Education Unit, University of Exeter: John Balding, Anne Wise, David Regis
Somerset Health Authority: Clare Laker, Kath Wilson, Nigel Laycock
Somerset Education Services

1.0 Summary

This section is a summary which introduces the reader to the background and history of the project and to the ways in which the components fit together.

1.1 Foreword

This book is a guide for personnel, supporting implementation of the CCSE Project in schools. It is complementary to and overlaps with the content of the **Teaching Materials** book which contains a set of cross-curricular modules suitable for use within the National Curriculum with classes in Year 9 of secondary schools. They are designed to complement activity elsewhere in the curriculum but each can stand alone as a contribution to the social education of the class members.

The work reported in this document has been led by the Director of the Schools Health Education Unit (SHEU) within the School of Education, University of Exeter. It originated within, and contributed to, the total work of the APAUSE ('Advising Postponement for Adolescents Undertaking Sexual Experience') project, conceived by Dr. John Tripp of the Postgraduate Medical School, also within the University of Exeter.

The first year's work was carried out in 12 schools in Somerset during 1990-1991 by a total of over 50 people whose contribution we must credit with the greatest respect and thanks. The programme began the attempt to devise and co-ordinate cross-curricular work in sexual health and relationships. It brought together the professional insights of teachers, doctors, researchers and advisory education staff. The history of schools involved since 1990 is shown on page 1.15.

The amount of close professional scrutiny the materials have undergone to date is extensive. One of the most rewarding aspects of this work has been the opportunity for teachers to be able to share their work in detail with interested colleagues, and in fact to have it commented upon by teachers from the same or different specialisms.

This project has been funded from 1990–1992 by the South Western Regional Health Authority (SWRHA), and from 1992–1993 by the Somerset Health Authority (SHA). We have been pleased to liaise with Dr Mike Owen of SWRHA and Dr Tony Hill of SHA, and Diane Scorer of SHA Positive Action. We would like here to express our thanks for their continued positive support.

Our thanks are due to all of these people, their colleagues in schools who supported them, and the headteachers and other senior members of staff who gave their blessing to the work. Particular thanks are due to Jennifer Wisker, Chief Education Officer for Somerset until August 1993, for her support for the whole project, and again to Dr. Mike Owen from the SWRHA. Also to Kath Wilson and Nigel Laycock, LEA advisory teachers, for their creative and skilled work with the staff of the schools involved and recently to Clare Laker, Schools Programme Manager, SHA, who has joined the project.

External support of schools

The overall response to this work from teachers and pupils has been enormously positive, and it comprises some of the best and most exciting work in which I have had the privilege to be involved. I predict wide interest nationally in its structure and content .

In the meantime, the outcome of the co-ordinated cross-curricular work developed in Somerset schools is being prepared for export to more Somerset schools, with support from the Somerset Health Authority.

John Balding
Director
Schools Health Education Unit
University of Exeter

October 1993

1.2 Overview of the project

How it all works

The project aims to enable young people:

- to gain access to information about medical and other consequences of sexual behaviour and to find time for reflection.

The project aims to provide teachers with:

- a way of coping with demands of health and social education at a time of great curriculum change (hence the co-ordination plan) using their subject expertise
- a variety of accessible, affordable resources for work by non-health-specialist teachers in the classroom. This affords a more cross-curricular approach to health education (hence the preparation of modules which fit National Curriculum requirements in subject areas).

The intentions of the project in Somerset have been:

- to provide support for the work of the APAUSE project in Devon
- to devise 'cross-curricular modules' for work in subject areas around sexuality and relationships. These provide information and opportunities to explore issues for a variety of topics, and thus meet the needs of teachers and their students
- to enable the co-ordination of this work with existing PSE work in the school
- to provide ways of getting FEEDBACK that will generate data of interest to class members, the class teacher, the school's project CO-ORDINATOR and the research team
- to look at ways for schools to work with parents, with medically-trained personnel (e.g. School nurse) and others (e.g. Governors).

What the CCSE Project has achieved:

- ways of assessing, planning, and monitoring the sexuality and relationships curriculum, including:
    - method of CURRICULUM AUDIT
    - method of cross-sectional annual SCHOOL SURVEY to monitor the developing knowledge, attitudes and skills of young people with respect to sexuality and relationships
- a variety of cross-curricular modules for use in different subject areas, with an emphasis on Year 9 but including others. The modules include an evaluation component to match with the cross-sectional survey and to expand upon it, which together with other FEEDBACK FROM TEACHERS, enable the REVIEW OF THE PROGRAMME against a background of objective data.

HOW IT ALL WORKS

START HERE ⇨

Curriculum Audit (Section 2)

School Survey (Section 3)

Background profile of student development & teaching programme

Plan and implement teaching programme (See Teaching Materials book)

Feedback from teachers (Section 5)

Feedback from students (Section 4/Teaching Materials)

Liaison (Sections 6/7) with non-teachers & outside school

Co-ordinator (Section 5)

Review programme for next year

The modules:

- are to be used by non-health-specialist teachers
- are to be delivered in subject time
- will provide purposeful activities for the subject coursework
- will include an element of class feedback for the co-ordinator
- do not generally demand 'special' skills in sex education or include 'sensitive' material
- are integral to National Curriculum requirements, not a 'bolt-on' extra.

An abstract view of the social aims of this project might look as follows:

1. To improve the quality, and possibly duration, of the lives of young people now and in the future.

2. To develop contacts with schools at all levels — most obviously with classroom teachers but also headteachers and other senior management, and non-teaching staff. The project also has involved work with Governors, Parents and Health-Care Professionals, fostering support links and 'healthy alliances'.

3. To encourage co-operation between schools and between people in their own schools.

Three general features of the project

1. The key role of the school co-ordinator

The project offers a variety of ways for a school co-ordinator to be informed of what is happening around the departments. The co-ordinator of this work is often, but not always, someone involved in planning or delivering the PSE or health education programme in the school.

The best cross-curricular work seen in schools, to date, has involved a detailed mapping and planning exercise of subjects to be taught. Here, a cross-curricular framework is developed which is not just planned in terms of timing, but is also co-ordinated with respect to intended outcomes. Departmental and other meetings will still happen and be important, but arising from this work will be a variety of snapshots of progress of the class members as they encounter subjects throughout the year.

2. The key role of the school management

Simply: co-ordinators that have support from the school senior management, especially if backed up with time and money, will be more likely to be successful.

3. The mutual support of health and education agencies

Inter-agency work is always desirable and sometimes difficult. We hope that this project will result in more sympathetic and productive work between educationalists, medics and other professionals at all levels. Medically-trained personnel

have played a central role throughout the origins, management and execution of the project. This has been demonstrated in the supporting role of school nurses and other health care professionals associated with individual schools.

Feedback from students

Teachers get all sorts of feedback from students all the time. The CCSE Project offers more formal methods of providing feedback to the class teacher for future reference, and to the school co-ordinator.

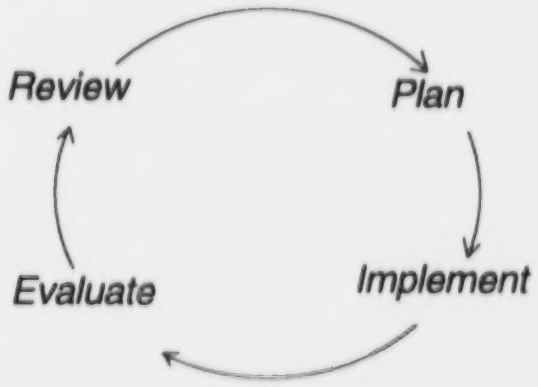
Two beliefs of monitoring lessons:

1. It is too easy to assume that the effects of a lesson, or series of lessons, are known. 'We had a good discussion' is less useful than examining more closely what students gain in terms of information, satisfaction, intentions etc.

2. Co-ordination involves more than planning. The Schools Health Education Unit has been in the business of helping schools plan their health and social education curricula for years, but having planned it, a co-ordinator should monitor its delivery and if possible respond appropriately. The goal of this project has been for the outcomes of each module to be examined in a systematic way, and for aggregate information to be passed to colleagues within the school, so that they might act from a position of knowledge rather than guesswork.

Responses from young people need to be compiled in order to pass on to colleagues some manageable information which is of value in planning the next moves forward. A variety of piloted and practised examples, showing how this might be accomplished, is offered in the pages of the **Teaching Materials** book.

A familiar model of development might be seen as follows:

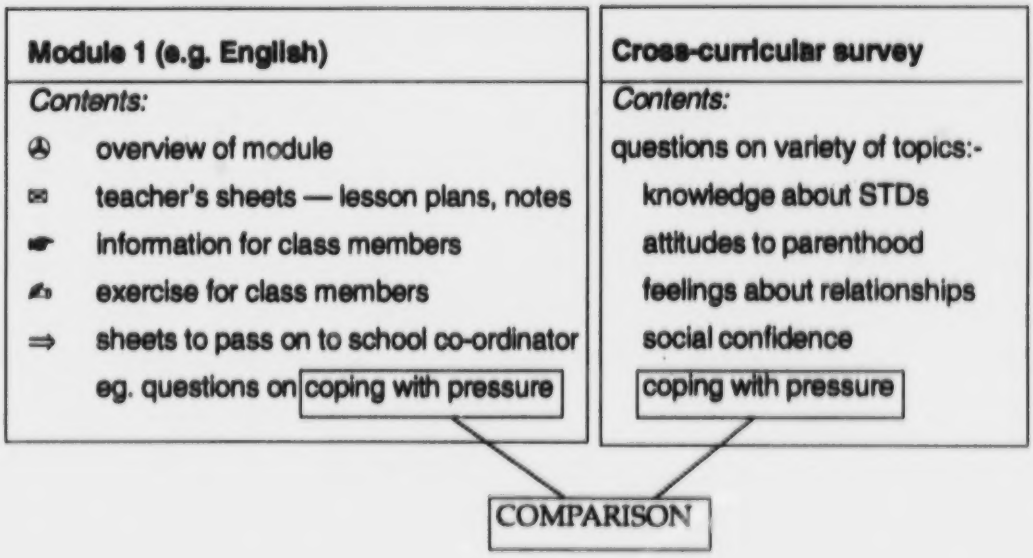


The emphasis in teaching is very often on the plan/implement phase of the cycle. This is the more concrete and tangible side of the process.

Evaluation is a difficult process, particularly when looking for positive outcomes — not because the issues are especially complex, but because of the variety of

factors that might be affecting the outcome. Teachers are doubtless a major influence on young people, but there are many other influences. The Project's approach has been to say that the collection of relevant data through a monitoring component is an important and practical activity, which can inform and shape the way people teach. Much of the other work of the SHEU is guided by this philosophy. So here, each module has a data-collection exercise which will secure a 'snapshot' of the class and how they were feeling or talking about a particular issue during the lesson. This is by no means a formal outcome evaluation, in that it is not known how they were before and after you looked at them on that day. It does provide information, which is directly related to some important aspect of their lives. Additionally, similar information may be obtained in a more formal and overt way through the use of a survey method (see Section 3), so that data from the two sources may be compared.

Example of comparison of data collected through lesson and survey



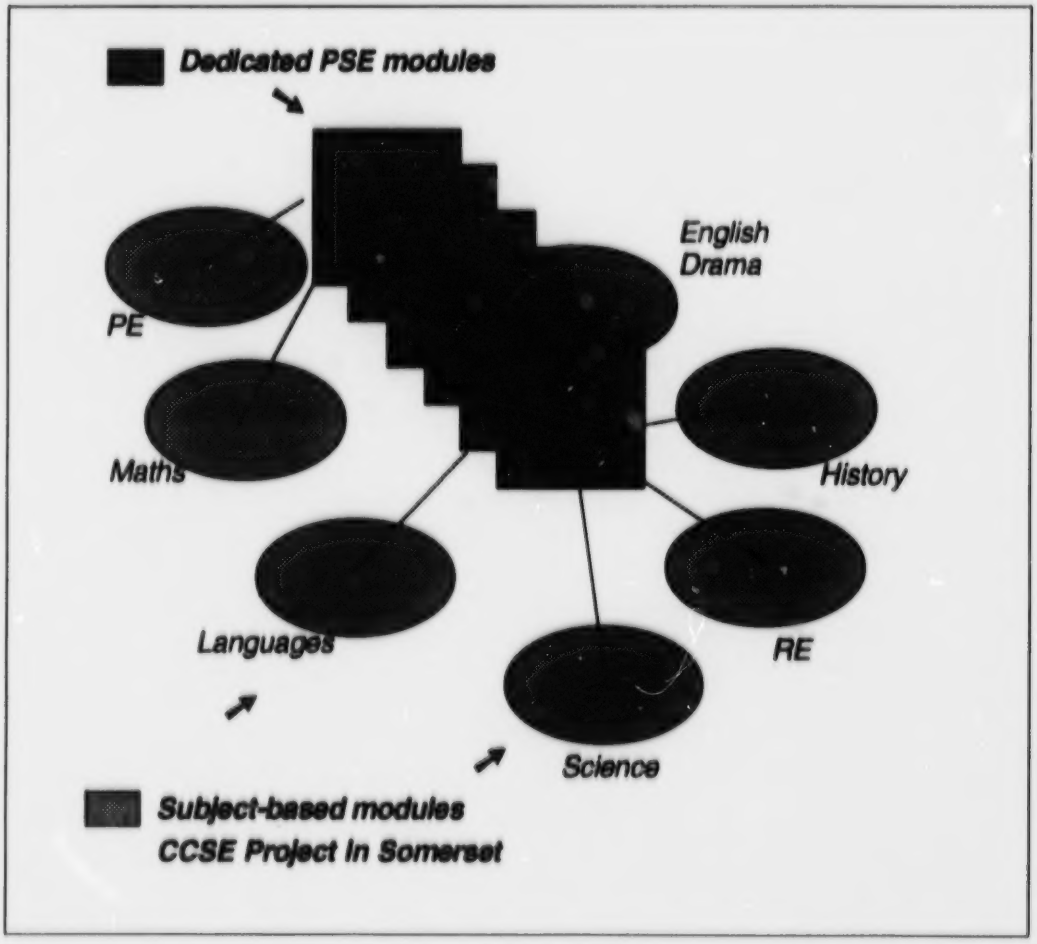
Clearly, the experience of the young people within Module 1 (e,g. English) could influence their responses to the annual cross-curricular survey.

1.3 Planning and co-ordination

Co-ordination between the modules

Figure 1 is a representation of PSE lessons being supported by modules in curriculum areas (subjects). In this pack we are offering these subject modules together with methods for monitoring and co-ordination that have been developed alongside them, described in detail in sections 2, 3 and 4. These modules (ellipses) have been developed across 3 years of interaction in schools and between schools. This model (figure 1) suggests how the modules could support a PSE programme, but they have been developed to provide a programme in their own right.

Figure 1. Model of cross-curricular co-ordination



The modules developed in Somerset, together with their co-ordination and monitoring methods, have become a valuable resource. The Somerset Health Authority has funded the most recent phase of development to bring the Somerset component of the work to a level of successful export to more schools.

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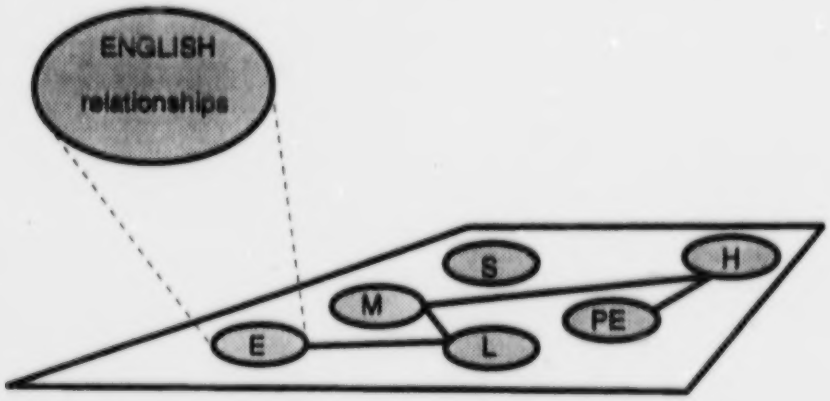
We have said above that the best cross-curricular work, to date, has been based on detailed cross-curricular mapping, or to use the current term, curriculum audit (see section 2). An extract from one of these might look like the example shown below.

Figure 2. Results from curriculum audit (Health and Relationships Education).

	Year 7	Year 8	Year 9	Year 10	Year 11
English	*Communication skills*		*Relationships*	*Soap opera*	
Maths			*STD statistics*	*Modelling infection*	
Languages			*Co-operation*		
History		*Suffragettes*		*Confrontation*	

In fact, there will be anecdotal and other links made by students and teachers, so that conceptual connections are made between the collection of experiences, e.g. between English and Languages in year 9. We might represent this as follows:

Figure 3. Links between subjects in N.C. year 9, e.g. English and Languages.

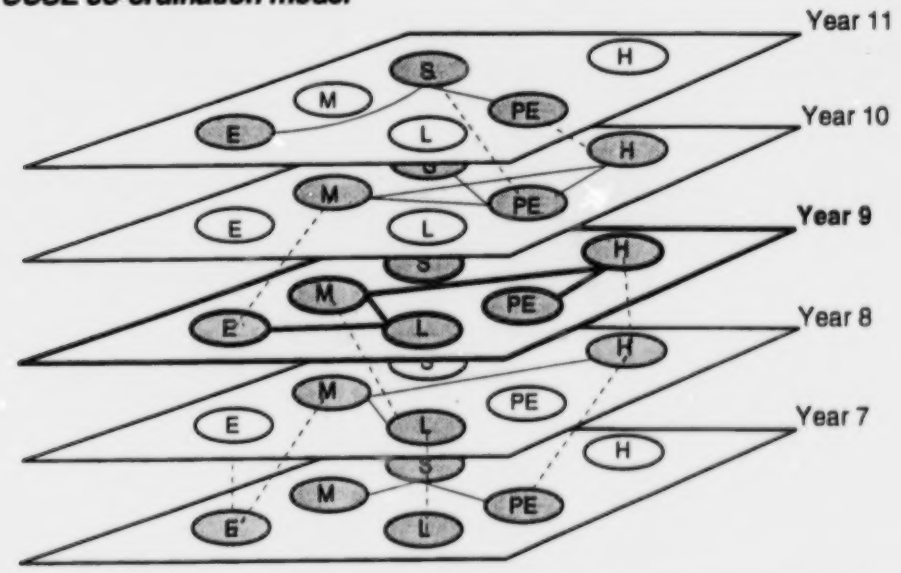


In this example the work in L (Languages) has links with both M (Maths) and E (English). H (History) is linked with M (Maths) and P.E. (Physical Education). S (Science) has no obvious links.

There are links made between years too; this means that we need to envisage the whole 5-year programme.

Figure 4 . Links between subjects in N.C. years 7-11.

The CCSE co-ordination model



FEEDBACK arising from modules in curriculum areas, and from the annual school survey (see Section 3), helps to make the links explicit and ties the placing of these modules to the development of the young people.

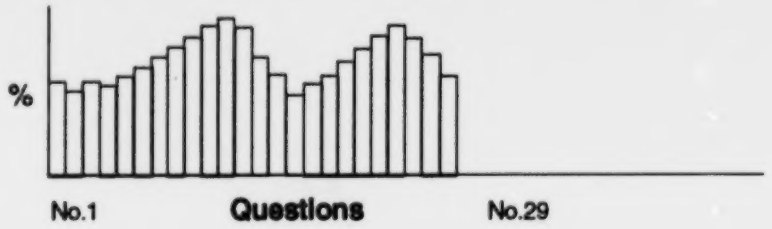
Figure 5. Results from annual CCSE survey.

Percentages of boys and girls responding positively to range of questions

	Year 7		Year 8		Year 9		Year 10		Year 11	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Q12: Sex information mainly from friends	10.0	9.5	14.3	12.0	30.0	14.3	27.8	35.3	29.4	33.3
Q16: Intend taking HIV precautions	76.7	71.4	76.2	76.0	75.0	90.5	94.4	94.1	100.0	100.0
Q18: Know about access to free condoms locally	0.0	14.3	19.0	24.0	20.0	52.4	66.7	70.6	58.8	100.0

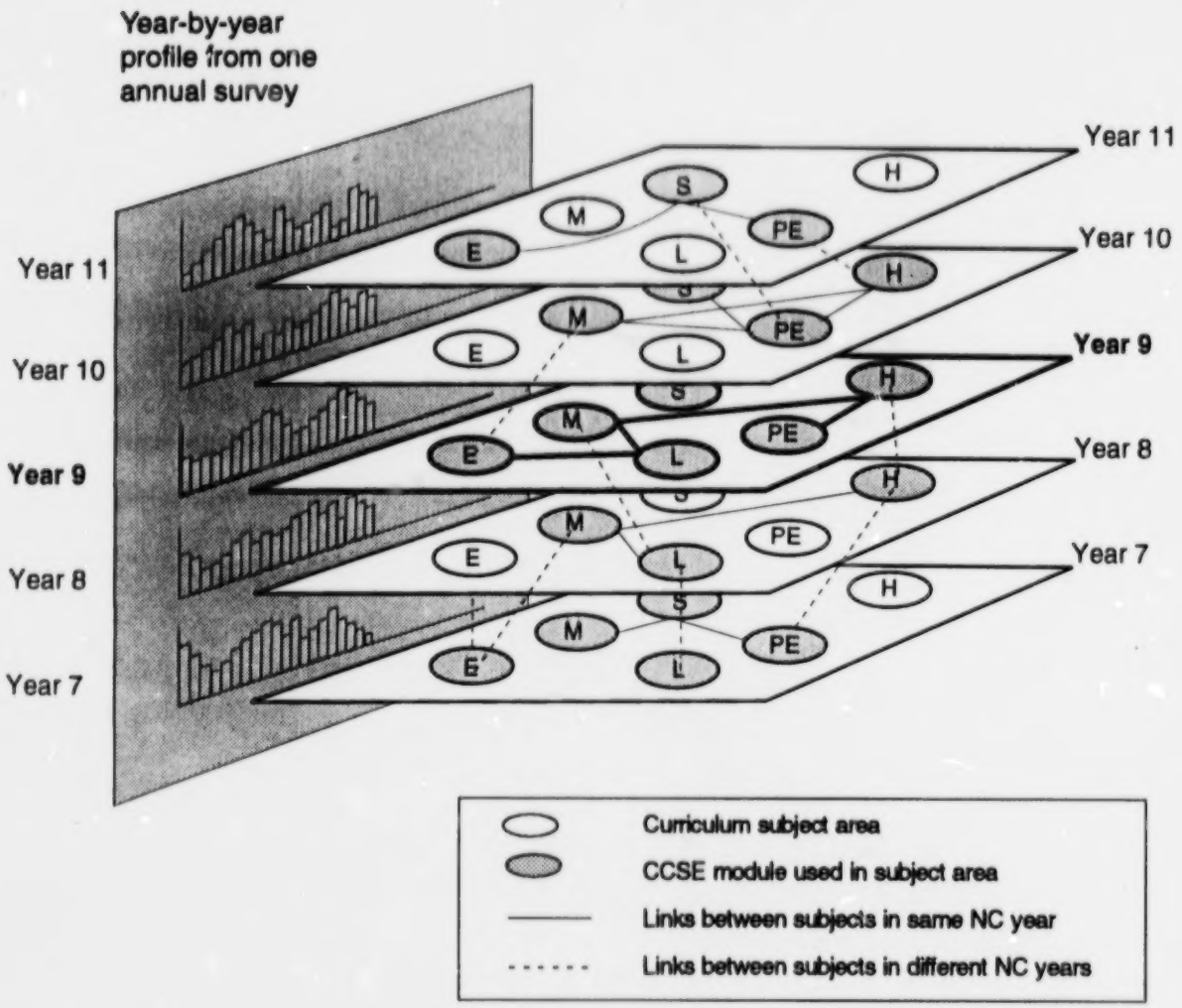
From these results we get a 'profile' of each year group. We might represent a profile of year 9 as follows:

Figure 6. 'Profile' of N.C. year 9 CCSE survey results from school survey.



These year profiles provide a background picture against which classroom experiences and data can be examined.

Figure 7. The complete CCSE co-ordination model.



1.4 History: timeline

Dept of Child Health (DCH)

Dr John Tripp (Senior Lecturer)
Dr Hazel Curtis (Research Fellow)
Tony Hincks (Research Fellow)

Research in sexual health of teenagers

Proposed collaboration

1989

Appointment of research fellows:

1990

Dr Alex Mellanby
Mrs Fran Phelps

Origin of APAUSE Project

DCH to begin a programme of development work in sex education in Devon schools including:
a) Doctor and teacher present lessons together in classroom
b) Cross-age tutoring

1990-1

1991-2

1992-3

Development of work

1993-4

Schools Health Education Unit(SHEU)

John Balding (Director)

John Balding's support in questionnaire design

SHEU to develop cross-curricular modules in Somerset schools intending that these would export to the Devon schools and support the DCH programme

12 Somerset schools involved. Development of large collection of 'modules' from 10 different curriculum areas.

5 Somerset schools involved. Further development and refinement. Development of co-ordination strategy and instruments.

5 Somerset schools involved. Funding for SHEU Somerset component from South Western Regional Health Authority replaced by funding from Somerset District Health Authority.

New project title *Cross Curricular Sex Education* adopted. Schools continue to refine and develop programmes and new components. 4 new schools involved.

Documentation and methodology prepared for dissemination to further schools.

Dissemination programme planned.

Schools involved since 1990

School	Coordinator
1990–1991	
East Bridgwater Community School, *formerly: Sydenham School*	Kath Sugden
Kingsmead Community School	Jill Paul
Buckler's Mead Community School	Paul Curzon
Wadham Community School	Derek Virgin
King Arthur's Community School	David Dwyer
The Blue School	Pauline Fielder
St Dunstan's Community School	Carol Lewis
Holyrood Community School	Rebecca Shaw
Preston School	Ian Hildred
Brymore School	Bernard Sellick
Frome Community College	David Francis
Court Fields School	Marion Hudd
1991–1992	
Kingsmead Community School	Jill Paul
St Dunstan's Community School	Carol Lewis
Wadham Community School	Derek Virgin
King Arthur's Community School	David Dwyer
Holyrood Community School	Rebecca Shaw
1992–1993	
The five schools above (1991–1992) plus the following:	
Crispin School	Tricia Nash
The Castle School	David Bullock
Stanchester Community School	Nicky Hockey
Westfield Community School	Jane Yandall
Buckler's Mead School	Kevin Katner

2. The CCSE Project Cross-Curricular Audit
for Sex Education

CONTENTS

Section		*Page*
2.0	Summary	2.2
2.1	Advantages and disadvantages of auditing	2.3
2.2	The cross-curricular audit sheets	2.5
2.3	Illustrative results	2.13
2.4	What next?	2.14
2.5	NCC Curriculum Audit Sheets	2.15

The CCSE Project in Somerset

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Somerset Health Authority: Clare Laker, Kath Wilson, Nigel Laycock
Somerset Education Services

2.0 Summary

Although the practice of curricular auditing may be well-known and used within schools, this section describes a cross-curricular audit for the purpose of sex-related education, based on guidelines in the current NCC *Curriculum Guidance No.5: Health Education* (NCC, York 1990).

Suggestions for action after the audit are also offered.

2.1 Advantages and disadvantages of auditing

What is the purpose of an audit?

An audit of the curriculum is a snapshot of existing curriculum provision in a school. This is particularly appropriate in the case of cross-curricular themes where questions of omission, overlap, progression and continuity are much more difficult to resolve than for single subject issues. The co-ordinator for health education, or any other cross-curricular theme, may wish to take an inventory of current provision in the school before making plans or recommendations. Typically each head of department, or each member of staff, will indicate to the co-ordinator, in a standard format, what contribution their department makes to the topic in question, often by ticking a box or making short notes against headings.

What sort of results are obtained?

Figure 1. An extract from the outcome of a health education audit exercise.

	year 7	year 8	year 9	year 10	year 11
How my body works	SCI TECH	SCI	SCI TECH	SCI	
Staying well	TECH		TECH		
Immunisation		TECH	SCI		
Smoking	PSE	PSE SCI	SCI		
Drinking alcohol	RE	HIST	SCI GEOG		
Pollution				ENG	ENG

This has advantages and disadvantages:

+ Clarity: a great deal of information can be collated on a few sheets of paper in this way, and overlap and omission can be identified for each topic or year group.

- Ambiguity over coverage: although 'provision' is notionally present on this chart, it is not clear whether *all* or *some* students receive the work.

- Ambiguity over content: The content of any one element is hard to relate to the content of other elements, thus continuity is hard to establish. People may interpret the titles offered in different ways, e.g. 'Drinking alcohol', and exactly what is done in RE or History is not shown.

A more detailed enquiry (e.g. concerning alcohol education), might give you titles against these entries, as follows:

Figure 2. Curriculum Audit: Alcohol Education.

	year 7	year 8	year 9	year 10	year 11
GEOGRAPHY			Brewing industry		
RE	Religion & temperance				
SCIENCE		Liver function	etc.		

This is obviously better, because a series of key pieces of information with respect to alcohol education is identified from this level of detail of **content**. However, this is still not perfect, since without some further discussion or examination of material it is not quite clear to the co-ordinator what is being done with the youngsters under the heading 'Brewing industry'.

The problem of **coverage** is also not addressed here. There is no way of knowing if all pupils receive these lessons all the time or only some pupils sometimes.

There is a further problem present in all health education exercises, which has been tackled in this package, namely: what effect does this programme have on class members? What is their attitude to the issues raised? Is this attitude desirable? Is this anything which can be influenced? This is the issue of **monitoring** pupils' development, and forms part of the content of sections 3 and 4.

An audit exercise has been designed to assess current provision around relationships education in school. It has the following features:

> **content** is based on the NCC *Curriculum Guidance No. 5: 'Health Education'*, and while some ambiguity remains, there is considerable specification with respect to objectives or content.
>
> **coverage** is specifically addressed: respondents are asked to identify in some detail what proportion of the year group will be touched by the education identified.

2.2 The cross-curricular audit sheets

This device allows departmental heads or representative teachers to assess the current provision of sex and relationships education in the school using a survey of their colleagues. The extent to which year groups are reached in whole or in part is also ascertained.

Notes:

1. The items within the survey have been drawn entirely from the current NCC Curriculum Guidance No. 5 and doubtless could be extended or otherwise improved upon.

2. There are currently sections of the science orders which require that specific issues related to sexuality are covered, but this has not been included in the audit.

3. The options 1 – 4 overleaf have been found appropriate in the current stage of NC implementation; as the system continues to develop (e.g. greater compulsory element) a different set of prompts may be more meaningful.

4. The following pages (2.7–2.12 and 2.17–2.34) may be photocopied for use in schools.

Sex and Relationships Education
Curriculum Audit based upon NCC Curriculum Guidance No.5

School:. . . . . .

Subject area: . . . . . .

Staff member:. . . . . .

Could you please consider the 'Key Stage' statements on the accompanying sheet overleaf.

If class members are involved in work from your department connected with the statement, please score 1, 2, 3 or 4 as follows:

Course for all	1	All students in the year group follow an agreed course of study, where work connected to this statement is covered.
Course for some	2	Some students (e.g. GCSE specialist groups) follow an agreed course of study, where work connected to this statement is covered.
Arises for all	3	For all students in the year group, work in this area is bound to arise. The nature of the work will depend upon the situation and upon the individual teacher present.
Arises for some	4	For selected students (e.g. GCSE course specialist groups) work in this area is bound to arise. The nature of the work will depend upon the situation and upon the individual teacher present.

On completion please return to . . . . . .

by . . . . . .

You may cover part of a topic but not all; please clarify where this applies.
If you have any comments or information on other relevant activities, please note them overleaf.

Thank you for your time.

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SUBJECT AREA:
STAFF MEMBER:

SEX AND RELATIONSHIPS EDUCATION
NCC NATIONAL CURRICULUM GUIDANCE NO 5

KEY STAGE 3	*National Curriculum Year Groups*				
	7	8	9	10	11
3.1 Recognise the importance of personal choice in managing relationships so that they do not present risks, e.g. to health, to personal safety.					
3.2 Understand that organisms (including HIV) can be transmitted in many ways, in some cases sexually.					
3.3 Be aware of the range of sexual attitudes and behaviours in present-day society.					
3.4 Understand that people have the right not to be sexually active.					
3.5 Recognise that parenthood is a matter of choice.					
3.6 Know in broad outline the biological and social factors which influence sexual behaviour and their consequences.					
3.7 Know in more detail about child development and the role of primary health care.					
3.8 Recognise the factors involved in setting up and maintaining a home, planning and having a family.					
3.9 Recognise the changing nature of relationships within the family, e.g. children gaining independence, new members of the family group.					
3.10 Understand malnutrition and the relations between diet, health, fitness and circulatory disorders.					
3.11 Recognise the importance of valuing and taking care of oneself.					
3.12 Be able to distinguish between infectious and non-infectious diseases, know how they are spread and be able to assist in the prevention.					
3.13 Understand the emotional changes which take place during puberty.					
3.14 Understand differences in maturation and have a positive self-image.					

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SUBJECT AREA:

STAFF MEMBER:

SEX AND RELATIONSHIPS EDUCATION
NCC NATIONAL CURRICULUM GUIDANCE NO 5
KEY STAGE 4

	National Curriculum Year Groups				
	7	8	9	10	11
4.1 Understand aspects of Britain's legislation relating to sexual behaviour.					
4.2 Understand the biological aspects of reproduction.					
4.3 Consider the advantages and disadvantages of various methods of family planning in terms of personal preference and social implications.					
4.4 Recognise and be able to discuss sensitive and controversial issues such as conception, birth, HIV/AIDS, child rearing, abortion and technological developments which involve consideration of attitudes, values, beliefs and morality.					
4.5 Be aware of the need for preventative health care and know what this involves.					
4.6 Be aware of the statutory and voluntary organisations that offer support in human relationships e.g. Relate.					
4.7 Be aware that feeling positive about sexuality and sexual activity is important in relationships.					
4.8 Understand the changing nature of sexuality over time and its impact on lifestyles e.g. the menopause.					
4.9 Be aware of partnerships, marriage and divorce.					
4.10 Be able to discuss issues such as sexual harassment in terms of their effects on individuals.					
4.11 Understand how legislation and political, social, economic and cultural decisions affect health.					
4.12 Appreciate ways in which they can control aspects of their own behaviour and resist peer pressure.					
4.13 Be able to understand and manage changes in relationships.					
4.14 Know about factors that influence the process of making decisions, including choosing between alternatives and considering long- and short-term consequences of decisions for oneself and others.					

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2.3 Illustrative results

A set of results from this exercise for a school might start like this, with numbers in parentheses indicating the degree of coverage 1-4 (see page 2.7) from the response given in the audit:

Statements from KS3	year 7	year 8	year 9	year 10	year 11
3.1 **Recognise the importance of personal choice in managing relationships so that they do not present risks, e.g. to health, to personal safety.**		PSE (1)		PSE(1)	
3.2 **Understand that organisms (including HIV) can be transmitted in many ways, in some cases sexually.**	SCI(1) TECH(1)		SCI(1)	TECH(2)	TECH(2)
3.3 **Discuss moral values and explore those held by different cultures and groups.**	PSE(1)	RE(3)			RE(2)
3.4 **Understand the concept of stereotyping and identify its various forms.**		ENG(1)	ENG(3) TECH(3)	PSE(1)	

Since NCC *Curriculum Guidance No. 5* is non-statutory, schools may decide they could produce alternative statements which they prefer. However, many teachers have found that these statements are sufficiently detailed to be potent in producing recommendations.

2.4 What next?

In reflecting upon this sort of exercise more questions than answers may be produced, but here are some prompts for staff considering their curriculum:

1. The picture

- Can we make use of this information to create links between subject areas for ourselves or the pupils?
- Is there material here we could build on, or could we if we knew more about it?

2. Overlap

- Are overlaps present? Desirable? Avoidable?

3. Omission

- Are aspects overlooked? Are these important? Action?

4. Progression

- Is there a sense of a spiral curriculum being on offer through which a youngster may develop?
- Is provision more haphazard and/or disparate?
- Could a programme with more continuity or with more of a sense of integration be devised and implemented?
- Is there a need for specific timing to make sense of the programme?

5. Additional topics

- Can we identify important related topics that are not on the original list?

6. Action

- What are the priorities for action for the school, for the co-ordinator, for departments, for each member of staff?
- Can we identify a timescale, resources, support needed?

2.5 NCC Curriculum Audit Sheets

Complete Health Education Curriculum Audit Sheets — based on *Curriculum Guidance 5* — are presented on the following pages. These will support the auditing process of all health education across all four key stages.

The inclusion of Key Stages 1 and 2 will allow an overview of the expected continuity and progression for a young person, prior to the age when the CCSE project is applicable.

Complete Health Education Curriculum Audit Sheets based on *Curriculum Guidance 5*

Source: ***School Curriculum and Assessment Authority***

Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
KEY STAGE 1						
D	**Substance use and misuse**					
D1.1	know that all medicines are drugs but not all drugs are medicines;					
D1.2	know that all substances can be harmful if not used properly;					
D1.3	know about different types of medicine and that some people need them to live a normal life;					
D1.4	know and understand simple safety rules about medicines, tablets, solvents, household substances.					
R	**Sex education**					
R1.1	know that humans develop at different rates and that human babies have special needs;					
R1.2	be able to name parts of the body including the reproductive system and understand the concept of male and female;					
R1.3	know about personal safety, e.g. know that individuals have rights over their own bodies and that there are differences between good and bad touches; begin to develop simple skills and practices which will help maintain personal safety;					
R1.4	appreciate ways in which people learn to live and work together: listening, discussing, sharing.					

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Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
F	**Family life education**					
F1.1	know that there are different types of family and be able to describe the roles of individuals within the family;					
F1.2	know about rituals associated with birth, marriage and death and be able to talk about the emotions involved;					
F1.3	understand the idea of growing from young to old;					
F1.4	acquire the skills of caring for young animals for a limited time, under supervision.					
S	**Safety**					
S1.1	know the potential dangers in different environments, e.g. road, water, home;					
S1.2	develop and be able to practise simple ways of keeping safe and finding help.					
X	**Health related exercise**					
X1.1	know that people feel better when they take regular exercise;					
X1.2	know that exercise uses energy which comes from food.					
N	**Food and nutrition**					
N1.1	know that there is a wide variety of foods to choose from and that choice is based on needs and/or culture;					
N1.2	know that food is needed for bodily health and growth and that some foods are better than others.					

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Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
H	**Personal hygiene**					
H1.1	understand the need for and be able to practise simple personal routines, e.g. washing hands, cleaning teeth, using a handkerchief;					
H1.2	begin to understand that some diseases are infectious and that transmission may be reduced when simple safe routines are used.					
N	**Environmental aspects of health education**					
N1.1	know that there is a range of environments, e.g. home, school, work, natural, built, urban, rural;					
N1.2	know that individuals are part of these environments and have some responsibility for their care; develop an understanding of how and why rules are made concerning the school and other environments;					
N1.3	know about some common illnesses and understand simple preventive health tasks that they should undertake each day.					
P	**Psychological aspects of health education**					
P1.1	understand the importance of valuing oneself and others;					
P1.2	begin to recognise the range of human emotions and ways to deal with these;					
P1.3	begin to be able to co-operate with others in work and play.					

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Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
KEY STAGE 2						
D	**Substance use and misuse**					
D2.1 (as D1.1)	know that all medicines are drugs but not all drugs are medicines;					
D2.2	know that there are over-the-counter, prescribed, legal and illegal substances and have some understanding of their effects;					
D2.3	know how to make simple choices and exercise some basic techniques for resisting pressure from friends and others;					
D2.4	know the important and beneficial part which drugs have played in society.					
R	**Sex education**					
R2.1	begin to know about and have some understanding of the physical, emotional and social changes that take place at puberty;					
R2.2	know the basic biology of human reproduction and understand some of the skills necessary for parenting;					
R2.3	know that there are many different patterns of friendship; be able to talk about friends with important adults.					

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Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
F	**Family life education**					
F2.1	understand what is meant by "relationship" within families, between friends and in the community;					
F2.2	know how children develop from birth to 5+ and be aware that there are different patterns of child-rearing; understand the importance of good parenting;					
F2.3	know about the needs of the old/ill and understand what happens with death;					
F2.4	know about helping agencies that can support families and individuals in different circumstances.					
S	**Safety**					
S2.1	be able to keep safe and use basic safety procedures;					
S2.2	be able to accept responsibility for the safety of themselves and others;					
S2.3	acquire a knowledge of and be able to practise basic first aid.					
X	**Health-related exercise**					
X2.1	know that exercise strengthens bones, muscles and organs and keeps the body supple;					
X2.2	know that if energy intake is greater than expenditure of energy, the body stores the excess as fat.					
N	**Food and nutrition**					
N2.1	know that a diet is a combination of foods, each with a different nutrient content;					

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Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
N2.2	know that different nutrients have different effects on the body, amd the amounts in the diet, and balance between them, can influence health, e.g. sugar and dental health;					
N2.3	know how to handle foods safely and recognise the importance of additives in food safety.					

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Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
H	**Personal hygiene**					
H2.1	understand the needs and, where allowed, accept responsibility for personal cleanliness;					
H2.2	know about different cultural practices in personal hygiene and food handling;					
H2.3	know and understand how changes at puberty affect the body in relation to hygiene;					
H2.4	know about the factors that bring about dental decay and practise good dental hygiene.					
N	**Environmental aspects of health education**					
N2.1	know that within any environment there are people with different attitudes, values and beliefs and that these influence people's relationships with each other and with the environment;					
N2.2	recognise some environmental hazards and identify some ways in which these may be reduced, e.g. passive smoking.					
P	**Psychological aspects of health education**					
P2.1	recognise that individuals belong to many groups in which they will have different roles;					
P2.2	understand that individual responses to events will vary and respect other people's emotions and feelings;					
P2.3	understand that actions have consequences for oneself and others;					
P2.4	understand the meaning of friendship and loyalty and begin to develop skills needed to form relationships.					

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Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
KEY STAGE 3						
D	**Substance use and misuse**					
D3.1	recognise personal responsibility for decisions about substance use;					
D3.2	know the basic facts about substances including their effects and relevant legislation;					
D3.3	be aware of myths, misconceptions, stereotypes linked with substance use;					
D3.4	develop appropriate techniques for coping with situations in which substance use occurs.					
R	**Sex education**					
R3.1	recognise the importance of personal choice in managing relationships so that they do not present risks, e.g.. to health, to personal safety;					
R3.2	understand that organisms (including HIV) can be transmitted in many ways, in some cases sexually;					
R3.3	discuss moral values and explore those held by different cultures and groups;					
R3.4	understand the concept of stereotyping and identify its various forms;					
R3.5	be aware of the range of sexual attitudes and behaviours in present-day society;					
R3.6	understand that people have the right not to be sexually active; recognise that parenthood is a matter of choice; know in broad outline the biological and social factors that influence sexual behaviour and their consequences.					

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Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
F	**Family life education**					
F3.1	know in more detail about child development and the role of primary health care;					
F3.2	know about vaccination/immunisation in general health care, e.g. protection against disease for children, young people and individuals travelling abroad;					
F3.3	recognise the factors involved in setting up and maintaining a home, planning and having a family; know about the role of the father and the mother and their relationships before and after the arrival of children;					
F3.4	recognise the changing nature of relationships within the family, e.g. children gaining independence, new members of the family group, death.					
S	**Safety**					
S3.1	be able to analyse and assess situations in terms of safety and know that individuals play an important part in the maintenance of safe, healthy environments;					
S3.2	become aware of rules and legislation relating to health and safety.					
X	**Health-related exercise**					
X3.1	know that energy expenditure should be increased whenever possible and that exercise is the only voluntary way to do this;					
X3.2	know that regular exercise influences body shape and allows daily activities to be performed more easily;					
X3.3	know that regular exercise can help to alleviate stress and anxiety.					

Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
F	**Food and nutrition**					
N3.1	know that individual health requires a varied diet;					
N3.2	understand malnutrition and the relationships between diet, health, fitness and circulatory disorders;					
N3.3	understand basic food microbiology, food production and processing techniques.					
H	**Personal hygiene**					
H3.1	know that a lack of personal hygiene can contribute to ill health and social disadvantage; recognise that there are socio-economic factors that make cleanliness more difficult for some people;					
H3.2	be aware of the influence of clothing, household fabrics and fashion on health and hygiene;					
H3.3	recognise the importance of valuing and taking care of oneself.					
N	**Environmental aspects of health education**					
N3.1	understand the importance of a balanced healthy lifestyle;					
N3.2	be able to distinguish between infectious and non-infectious diseases; know how they are spread and be able to assist in their prevention;					
N3.3	understand the impact of the media and advertising on attitudes towards health;					
N3.4	know about the NHS.					

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Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
P	**Psychological aspects of health education**					
P3.1	know how labelling and stereotyping can have a negative effect on mental health;					
P3.2	be able to give and receive praise and encouragement in order to promote the self-esteem and self-confidence essential to mental health;					
P3.3	understand the emotional changes that take place during puberty; understand differences in maturation and have a positive self-image.					

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Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
KEY STAGE 4						
S	**Substance use and misuse**					
D4.1	explore the historical, cultural, political, social and economic factors relating to the production, distribution and use of drugs worldwide;					
D4.2	understand that Britain is a drug-using society and recognise the different patterns of use and their effects, e.g. transmission of HIV infection through shared needles and the detrimental effect on the foetus of all types of drug use;					
D4.3	recognise that individuals are responsible for choices they make about drug use;					
D4.4	be able to analyse safe levels of intake; e.g. tobacco use is never safe, limited use of alcohol may be;					
D4.5	discuss the role of the media in influencing attitudes towards drugs, particularly smoking and alcohol;					
D4.6	be able to communicate effectively and confidently with those who administer medication.					

Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
R	**Sex education**					
R4.1	understand aspects of Britain's legislation relating to sexual behaviour;					
R4.2	understand the biological aspects of reproduction;					
R4.3	consider the advantages and disadvantages of various methods of family planning in terms of personal preference and social implications;					
R4.4	recognise and be able to discuss sensitive and controversial issues such as conception, birth, HIV/AIDS, child-rearing, abortion and technological developments that involve consideration of attitudes, values, beliefs and morality;					
R4.5	be aware of the need for preventative health care and know what this involves;					
R4.6	be aware of the availability of statutory and voluntary organisations that offer support in human relationships, e.g. Relate;					
R4.7	be aware that feeling positive about sexuality and sexual activity is important in relationships; understand the changing nature of sexuality over time and its impact on lifestyles, e.g. the menopause;					
R4.8	be aware of partnerships, marriage and divorce and the impact of loss, separation and bereavement;					
R4.9	be able to discuss issues such as sexual harassment in terms of their effects on individuals.					

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Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
F	**Family life education**					
F4.1	understand the importance of feeling positive about oneself and others; be able to express feelings confidently;					
F4.2	be aware of the part that family life can play in happy and fulfilling relationships;					
F4.3	be aware of problems that can occur in family life, e.g. domestic violence, abuse, bereavement, substance use, unemployment, illness; be aware of the effects of such problems; recognise that some individuals have special needs;					
F4.4	know about the technology available to help in the reproductive process and be able to discuss the ethical, moral and legal issues involved;					
F4.5	know in detail and be able to put into practice child-care skills;					
F4.6	understand that the roles of different members of the family may alter over time;					
F4.7	know how to use the helping agencies, e.g. clinics, hospitals, dentists.					

Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
S	**Safety**					
S4.1	investigate and be able to demonstrate safe practices in various environments, e.g. home, school, work, road;					
S4.2	know and understand the background and importance of legislation affecting the workplace, including statutory and voluntary bodies concerned with safety;					
S4.3	know and understand the effects of medicines, tobacco, alcohol, drugs and fatigue in relation to accidents;					
S4.4	know and understand specific safety issues relating to groups such as the very young, elderly people and people with disabilities.					
X	**Health-related exercise**					
X4.1	know that regular exercise promotes well-being and improves bodily health;					
X4.2	know that regular exercise increases the functional capacity of people of all ages and can help those who are disabled or chronically ill;					
X4.3	understand the advantages of incorporating regular exercise as part of their lifestyle, to improve their health - both physical and mental.					

BEST COPY AVAILABLE

Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
N	**Food and nutrition**					
N4.1	be able to analyse and evaluate diet and recognise suitable adjustments that take account of a range of factors such as the availability of food and social, cultural and financial influences;					
N4.2	know that various types of diet promote health for different groups, acknowledging cultural and ethnic influences;					
N4.3	understand the consumer aspects of food hygiene, shopping for food, legislation including the current food labelling system;					
N4.4	understand the relationships between food, body image and self-esteem;					
N4.5	have accurate information to enable them to distinguish between fact, propaganda and folklore in dietary matters.					
H	**Personal hygiene**					
H4.1	be able to discuss the value of "hygiene" products; be aware of the influences of the media on self-image;					
H4.2	know how gender stereotyping can affect behaviour in relation to personal hygiene;					
H4.3	know about the provision of dental services and understand the importance of regular attendance.					

Ref. code	Section and Topic	NC 7	NC 8	NC 9	NC 10	NC 11
N	**Environmental aspects of health education**					
N4.1	understand how legislation and political, social, economic and cultural decisions affect health;					
N4.2	accept responsibility for and be able to justify personal choices and decisions about health; show some insight into other people's lifestyles, values, attitudes and decisions;					
N4.3	be aware of how food shortages and surpluses occur and the health effects of malnutrition and over-consumption;					
N4.4	develop a commitment to the care and development of their own and other people's health, community and environment.					
P	**Psychological aspects of health education**					
P4.1	be able to carry out honest self-assessment;					
P4.2	appreciate ways in that they can control aspects of their own behaviour and resist peer pressure;					
P4.3	be able to understand and manage changes in relationships;					
P4.4	know about factors that influence the process of making decisions, including choosing between alternatives and considering long- and short-term consequences of decisions for oneself and others;					
P4.5	recognise the causes and effects of stress; be able to identify ways of reducing/managing/preventing stress; know how to ask for and give support;					
P4.6	be aware of personal beliefs and prejudices about mental illness.					

3. The SHEU Cross-Curricular Survey
for Sex Education

John Balding, Anne Wise, David Regis

CONTENTS

Section		*Page*
3.0	Summary	3.2
3.1	Rationale for the survey	3.3
3.2	Administration	3.5
3.3	The survey materials	3.6
3.4	Illustrative results	3.17
3.5	What next?	3.22

Please note that the Health & Relationships questionnaire in this section, may not be photocopied. Information regarding its use is available from the:
Schools Health Education Unit.

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The CCSE Project in Somerset

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Somerset Education Services

3.0 Summary

It is possible to monitor the changes in levels of understanding, attitudes and intentions of the boys and girls in a school through the use of a survey method. The 'maturation process' of the young people can thus be considered as part of the preparation and timing of lessons and courses, and may be related to data arising from those courses.

The survey questionnaire is contained in this section, together with guidance on its use and some examples of results.

Schools wishing to take part in an ongoing programme of surveys should contact the Schools Health Education Unit, Exeter (0392) 264722.

3.1 Rationale for the survey

Very many factors influence young people's perceptions and actions, and teachers may not have either the right or the inclination to attempt to influence many of these factors. Some of these perceptions, though, are perhaps of particular interest to teachers. We might attempt a notional list of issues that might be included here:

Knowledge

- What is their main source of sex information?
- What do they understand about HIV transmission?
- What level of awareness do they have about other STDs?
- Are they aware of local family planning services?

Attitudes

- What are their attitudes towards early parenthood — do they have generally optimistic views or are they more hesitant?
- Are their views of child care realistic?
- Do they feel generally in control over their health or are they more pessimistic?
- Are they confident socially with their own/the opposite sex?
- What aspects of relationships do they see as most important?

Actions

- Do they see themselves as able to co-operate socially with each other?
- Are they confident of their ability to respond well to difficult social situations? (*self-efficacy*)
- How do they react socially if a friend appears in difficulty? are they supportive, and could they expect support from other class members?

These are all of legitimate interest to teachers and in most cases teachers would expect the knowledge, attitudes and skills of their class members to develop in all these respects during their time in school.

To what extent can our teaching be seen in the perspective of this developing profile of the class members, and to what extent might we hope to influence the direction or rate of their development?

We have designed a questionnaire to collect data that bears upon these important questions, based on the list of issues above. There are probably very many issues that we have excluded that are of importance, but we have achieved a manageable and potent list of items. The questions range from specific, medical knowledge, to general social attitudes. What emerges from this exercise is a developmental profile of the young people in the different year groups; against this background of information, teaching programmes can be more readily planned, focussed and to some extent evaluated.

Also, most importantly, each curriculum module detailed in Section 4 has a 'monitoring' or co-ordination exercise attached to it, and each of these exercises has some reflection in the survey (although there are several aspects of the survey that have no counterpart in any module). Thus data arising from subject teaching may itself be seen against this developmental profile.

Questionnaires are obtainable from the SHEU, to whom completed scripts should be returned. The data will be entered on to computer files, and books of tables returned to the school. Please contact the Schools Health Education Unit, Exeter (0392) 264722 for further details.

3.2 Administration

We have produced some guidelines for the questionnaire's use based on cross-curricular survey methods in related fields. These should not be interpreted rigidly and the school can and should devise a scheme of administration that suits its current arrangements.

Sample size

Two tutor groups or equivalent in every year group in the school. This provides the ideal sample size.

Timing

At least half an hour should be allowed for the collection of data. This should fit comfortably within a tutor period. Younger pupils will need 40 minutes or more.

Administration

This is probably the most flexible part of the process, but a model that we have seen work is where a deputy head took tutorial periods a.m. and p.m. for a week or so, moving up from Year 7 on Monday throughout the school. Many teachers can achieve a particular atmosphere of purpose and responsibility in the classroom which we believe will lead to the most reliable data being collected.

Introduction to class

The purpose of the exercise should be explained to the class, to include the following points:

- *"Purpose:* the reason for doing the survey is to help the school or Health Authority plan its health promotion activities."
- *"Anonymity:* the survey scripts will be sent immediately to Exeter University, and so no-one in the school can discover your answers."
- *"Honesty:* please give the response you think is true for you — there are no right or wrong answers except what is true for you at the moment."
- *"Own answers:* please work quietly and do not attempt to look at the answers other people are putting down."
- *"Comments:* Please tell us about any comments or difficulties you have."

Return of results

Summary data will be returned to your school, with an analysis of any behavioural/attitudinal trends.

3.3 The survey materials

In this section we have produced:

a) An OHT sheet which gives a list of titles against which the content of the questionnaire can be discussed.

b) A blank questionnaire.

OHT

Schools Health Education Unit

Director: John Balding

Contents of
Cross-curricular monitoring survey
Health and Relationships

Control over health

Co-operation

Social confidence

Priorities in relationships

Self-efficacy

Sex information

HIV transmission
Other STDs: awareness
Other STDs: prevalence

Local family planning services

Early parenthood: attitude
Early parenthood: stress
Early parenthood: finance

Relationships: response to challenge

SCHOOLS HEALTH EDUCATION UNIT

HEALTH AND RELATIONSHIPS

(Version 2)

An enquiry to support planning health care of young adults.
Please answer honestly. Do not write your name on any page.

1. Are you male or female?

0 = Male 1= Female **0 1**

2. Which National Curriculum school year are you in?

Your teacher or supervisor will tell you which number to circle **07 08 09 10 11 12 13**

3. How old are you?

Please give whole years only and ignore months

0 = 11 years 1 = 12 years 2 = 13 years 3 = 14 years 4 = 15 years

5 = 16 years 6 = 17 years 7 = 18 years 8 = 18+ years **0 1 2 3 4 5 6 7 8**

4. How much do you agree or disagree with these statements?

0 = Disagree 1 = Not sure 2 = Agree

4a **"I am in charge of my health."** **0 1 2**

4b **"If I keep healthy, I've just been lucky."** **0 1 2**

4c **"If I take care of myself I'll stay healthy."** **0 1 2**

4d **"Even if I look after myself I can still easily fall ill."** . . . **0 1 2**

5. How good are you at the following?

1 = Very bad 2 = Bad 3 = O K 4= Good 5 = Very good

5a **Listening to people** **1 2 3 4 5**

5b **Helping a friend** **1 2 3 4 5**

5c **Ready to do what a friend asks you to** **1 2 3 4 5**

6. How do you usually feel when meeting people of <u>your own age and sex</u> for the first time?

0 = Very uneasy 1 = A little uneasy 2 = At ease **0 1 2**

7. How do you usually feel when meeting people of <u>your own age and opposite sex</u> for the first time?

0 = Very uneasy 1 = A little uneasy 2 = At ease **0 1 2**

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8. How important are the following in your relationship with your parents?

1 = Least important 2 = Less unimportant 3 = Not sure
4 = Quite important 5 = Very important
Please circle

8a	**To enjoy their company**	1 2 3 4 5
8b	**To have good communication**	1 2 3 4 5
8c	**Physical contact**	1 2 3 4 5
8d	**Interests in common**	1 2 3 4 5
8e	**Support and encouragement**	1 2 3 4 5

9. How important are the following in your relationship with a boyfriend/girlfriend?

1 = Least important 2 = Less unimportant 3 = Not sure
4 = Quite important 5 = Very important
Please circle

9a	**To enjoy his/her company**	1 2 3 4 5
9b	**To have good communication**	1 2 3 4 5
9c	**Physical contact**	1 2 3 4 5
9d	**Interests in common**	1 2 3 4 5
9e	**Support and encouragement**	1 2 3 4 5

10. When somebody wants me to do something I don't want to do ...
(Please circle the appropriate number)

10a	**I feel completely able to cope**	4
10b	**I feel fairly able to cope**	3
10c	**I don't really feel able to cope**	2
10d	**I don't feel able to cope at all**	1

11. When I can't get what I want from somebody ...
(Please circle the appropriate number)

11a	**I know exactly what to say**	4
11b	**I know more or less what to say**	3
11c	**I don't really know what to say**	2
11d	**I have no idea what to say**	1

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12. Which of these is your main source of information about sex?

0 = My parents 1 = School lessons 2 = Friends
3 = Brothers, sisters, other close relations
4 = Doctor/School nurse 5 = Family Planning Clinic
6 = TV, films 7 = Stories in books and magazines
8 = Posters, leaflets, reference books **0 1 2 3 4 5 6 7 8**

Other (please write) .....

13. Which of these do you think should be your main source of information about sex?

0 = My parents 1 = School lessons 2 = Friends
3 = Brothers, sisters, other close relations
4 = Doctor/School nurse 5 = Family Planning Clinic
6 = TV, films 7 = Stories in books and magazines
8 = Posters, leaflets, reference books **0 1 2 3 4 5 6 7 8**

Other (please write) .....

14. How much do you worry about getting HIV/AIDS?

0 = Never 1 = Hardly ever 2 = A little
3 = Quite a lot 4 = A lot **0 1 2 3 4**

15. Can HIV be passed on by any of the following?

0 = No 1 = Not sure 2 = Yes

15a Kissing — light kissing (lips only) **0 1 2**

15b Kissing — deep kissing (inside mouth) **0 1 2**

15c Sex using condoms — male with female **0 1 2**

15d Sex using condoms — male with male **0 1 2**

15e Sex without using condoms — male with female ... **0 1 2**

15f Sex without using condoms — male with male **0 1 2**

15g Sex without using condoms — female with female .. **0 1 2**

16. Do you think that you will take precautions against being infected with HIV?

0 = No 1 = Not sure 2 = Yes **0 1 2**

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17. Here is a list of some Sexually Transmitted Diseases (STD's)

17a Which have you heard of?

0 = No 1 = Yes

A	**Genital herpes**	0 1
B	**Genital warts**	0 1
C	**Gonorrhoea**	0 1
D	**HIV infection and AIDS**	0 1
E	**Non-specific urethritis (NSU e.g. Chlamydia)**	0 1
F	**Syphilis**	0 1
G	**Trichomoniasis**	0 1

17b How common are these STD's?

Pick out the <u>three</u> most common and number them in order:

1 = most common 2 = next common 3 = least common of these three

A	**Genital herpes**	☐
B	**Genital warts**	☐
C	**Gonorrhoea**	☐
D	**HIV infection and AIDS**	☐
E	**Non-specific urethritis (NSU e.g. Chlamydia)**	☐
F	**Syphilis**	☐
G	**Trichomoniasis**	☐

18. Do you know where you can get condoms free of charge?

0 = No 1 = Yes 0 1

If yes, please write where . . . . . .

19. Is there a special birth control (family planning) service <u>for young people</u> available that you can get to?

0 = No 1 = Not sure 2 = Yes 0 1 2

20. On leaving school, do you think <u>you would want to</u>:

0 = No 1 = Don't know 2 = Yes

20a **Set up your own house or flat (with or without a partner)?** 0 1 2

20b **Start a family (have children)?** 0 1 2

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21. To what extent do you agree or disagree with this statement?

When girls of 15 and 16 have babies, these babies are often born too early, underweight and likely to need more care if they are to survive than babies born to older girls/women.

Please circle one answer

Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree

22. The following things are possible consequences of child birth to a young girl. How pleasant for her would the following be?

22a. Being a single parent

Please circle one number

1	2	3	4	5
Very unpleasant	*Unpleasant*	*OK*	*Pleasant*	*Very pleasant*

22b Not being able to go out in the evenings very much.

Please circle one number

1	2	3	4	5
Very unpleasant	*Unpleasant*	*OK*	*Pleasant*	*Very pleasant*

22c How much would her friends envy her situation?

Please circle one number

1	2	3	4	5
Not at all envious	*Not envious*	*Not sure*	*Quite envious*	*Very envious*

These next questions are about money. Please give your best estimate.

23. "To prepare for a baby" costs (e.g. purchasing a cot, bedding, clothing, toys etc)?

Please circle one answer

£100 £200 £500 £800 £1,000

24. "To run an average car" for a week costs?

Please circle one answer

£30 £50 £80 £100 £120 £150 £180

25. "To run a baby" it costs per week?

Please circle one answer

£30 £50 £80 £100 £120 £150 £180

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26. "To rent a private flat" in your area for a week costs?

Please circle one answer

£30 £50 £80 £100 £120 £150 £180

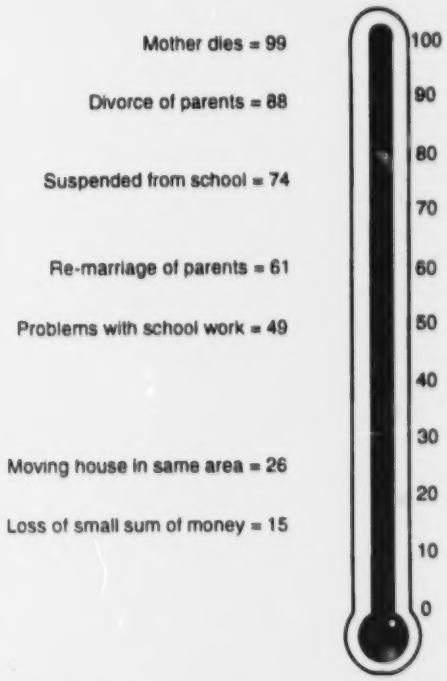
27. Pregnant girls under 16 have no rights at all to benefit in their own name ?

Please circle one answer

True False Don't Know

28. A group of young people were asked to place some stressful experiences in order of how stressful they thought they would be. To do this they were asked to (assess) measure each on a scale of 1-100.

Average results for the group were as follows:



On the scale above where would <u>you</u> place the stress felt by a girl of 16 if she ...?

What score between 0 and 100 would you give ?

28a **Discovered that she was pregnant.** .....

28b **Were to have an abortion.** .....

28c **Were to have a miscarriage.** .....

28d **Looked after her new baby.** .....

28e Was under pressure to have sex. .....

28f Discovered she had a Sexually Transmitted Disease (STD) .....

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29. SITUATION: A boy or girl of your own age with whom you are friendly appears to be very upset for some reason unknown to you.

29a Which of the following might you do?

1 = No 2 = Don't know 3 = Yes

A	**Talk to your friend about it.**	1 2 3
B	**Tell them to 'pull yourself together'.**	1 2 3
C	**Try talking to them as if you hadn't noticed anything.**	1 2 3
D	**Comfort them.**	1 2 3
E	**Feel disturbed but don't know what to do.**	1 2 3
F	**Do nothing.**	1 2 3
G	**Point the situation out to an adult.**	1 2 3
H	**Try to interest them in something else that's going on while being available to talk or help if asked.**	1 2 3
I	**Avoid them.**	1 2 3
J	**Make fun of them.**	1 2 3
K	**Try asking them "what's the matter?".**	1 2 3

29b **From the above list, what would you be most likely to do?**

(Please circle one letter only)

A B C D E F G H I J K L

29c **From the above list, what do you think would be the most common thing that people in this class would do?**

(Please circle one letter only)

A B C D E F G H I J K L

Thank you for completing this questionnaire.

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Acknowledgements

Question 28 has been derived from the extensive work done by Dr James Robinson and Dr Gillian Penny of Cardiff University, Psychology Department, with their permission.

Quesion 29 has been derived from work by Peter McPhail with his permission.

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3.4 Illustrative results

The survey results are currently returned to schools in the form of a book of tables which summarise the responses from the year groups. Each question is summarised in a single table which has the form shown below:

Figure 1. Example table from survey results (Version 1)

Example Somerset School

Question 5a: How good are you at listening to people?

Percentages of boys and girls giving each response

	Year 7		Year 8		Year 9		Year 10		Year 11	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Very bad	3.3	0.0	4.8	0.0	5.0	0.0	0.0	0.0	0.0	0.0
Bad	3.3	0.0	4.8	0.0	15.0	9.5	0.0	5.9	0.0	0.0
OK	43.3	33.3	66.7	40.0	30.0	47.6	50.0	35.3	41.2	11.1
Good	36.7	57.1	19.0	40.0	40.0	23.8	44.4	41.2	47.1	55.6
Very good	13.3	9.5	4.8	20.0	10.0	19.0	5.6	17.6	11.8	33.3
Valid responses (Count)	30	21	21	25	20	21	18	17	17	18
Total sample	32	22	21	26	22	23	18	18	17	18

It may be seen that for this question the number of valid responses used to generate the table is less than the total number of students sampled. This may be because these students did not answer the question or they gave an answer that could not be reliably interpreted. This is usually a small number, which does not influence the picture of the year groups, but it must be attended to. Where no valid responses' line is given, then the percentages in the table will be percentages of the whole sample.

Questions that may be asked of this and other tables in order to help understand the data and to some extent summarise it:

- What is the most common response(s) to this question?
  (for figure 1 these are 'OK' and 'good')
- Are there systematic boy/girl differences within the year groups?
  (girls more likely to say they are good/very good)
- Is there evidence of a maturational trend from year 7 to year 11?
  (generally self-assessments seem to become more positive
  as they get older) N.B. "trends" may be U-shaped or 'bridge' (∩) -shaped

Questions that may be readily asked of this and other tables include:

- Are these results credible?
- Do they fit in with what we believed about the students and their answers to other questions? (For example, the year 8 boys seem least likely to assess their listening as good/very good — does this reflect impressions of these students from our teaching them?)
- Are the students' answers realistic? (Are all year 11 students really at least "okay" at listening to each other?)
- Are there implications for teaching? (E.g. could we usefully offer some discussion or practice in listening lower down the school? Could we be more active in commenting on social interaction in our classes?)

The question illustrated in Figure 1 ('Listening to people') can be related to a question in the assessment sheet in the PE module: *PE2: Coaching games skills*. (Each module has some reflection in the survey, although there are several aspects of the survey which have no counterpart in any module.) There are several differences in these two questions:

- The survey question offers no specific context, whereas in PE there is a natural focus on the recent activity.
- The survey question is a self-assessment, whereas in PE the intention is that a partner will assess a class member's co-operation.

Despite (or to some extent because of) these differences, the two sources of data may be usefully compared. Typically teachers may be intrigued and motivated by findings, and the class members may also find it useful to reflect upon the data.

We offer two more specific tables. The first refers to some specific, medical knowledge, and the second is at the more general, social, attitudinal end of the scale. You may find it useful to reflect, unprompted, upon these data for a moment or refer to the prompts on pages 3.23–24. Further relevant detail on these styles of question is to be found in the Science module: *Sc2: Statistics: Handling medical data*, and the Drama module *D1: Concerns corridor* respectively.

Figure 2. Example table from survey data (Version 1)

Example Somerset School

Question17a, A-G: Which of these have you heard of?

Percentage of boys and girls responding YES

	Year 7		Year 8		Year 9		Year 10		Year 11	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Genital herpes	13.3	14.3	9.5	16.0	60.0	33.3	72.2	64.7	64.7	83.3
Genital warts	30.0	23.8	23.8	28.0	60.0	47.6	66.7	82.4	94.1	100.0
Gonorrhoea	6.7	9.5	0.0	16.0	40.0	42.9	55.6	64.7	35.3	61.1
HIV/AIDS	93.3	90.5	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Non-specific urethritis	20.0	4.8	19.0	24.0	25.0	19.0	38.9	70.6	35.3	27.8
Syphilis	10.0	0.0	9.5	12.0	45.0	19.0	55.6	76.5	47.1	50.0
Trichomoniasis	10.0	0.0	9.5	12.0	10.0	23.8	27.8	41.2	23.5	11.1

Figure 3. Example table from survey data (Version 1)

Example Somerset School

Question 30c, A-L: What do you think people in your class would be most likely to do if one of their friends appeared to be upset for some reason?

Percentages of boys and girls giving each response

	Year 7		Year 8		Year 9		Year 10		Year 11	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Talk to friend about it	0.0	36.4	11.1	25.0	16.7	14.3	11.8	18.8	11.8	5.6
Tell them "Pull yourself together"	15.4	0.0	5.6	0.0	5.6	0.0	0.0	6.3	0.0	0.0
Talk as if not noticed	0.0	0.0	5.6	0.0	5.6	0.0	0.0	0.0	5.9	0.0
Comfort them	7.7	0.0	22.2	25.0	0.0	9.5	23.5	6.3	0.0	0.0
Feel disturbed/unsure	7.7	9.1	0.0	4.2	5.6	4.8	11.8	0.0	17.6	0.0
Do nothing	0.0	9.1	0.0	4.2	11.1	23.8	0.0	6.3	29.4	5.6
Point situation out to adult	0.0	9.1	0.0	0.0	16.7	0.0	0.0	0.0	0.0	0.0
Interest them in something	0.0	0.0	5.6	4.2	5.6	0.0	0.0	6.3	0.0	5.6
Be available to help	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Avoid them	23.1	18.2	11.1	4.2	0.0	4.8	5.9	12.5	0.0	5.6
Make fun of them	38.5	9.1	16.7	16.7	5.6	9.5	17.6	6.3	11.8	0.0
Ask them "What's the matter"	7.7	9.1	22.2	16.7	27.8	33.3	29.4	37.5	23.5	77.8

We offer a last selection of a school's data which attempts to get as much data as possible on to the one sheet. Reference to the questionnaire is important if the table is to be properly understood. Seventeen key items within the questionnaire have been identified, and for each a level of response has been set. These are illustrated in Figure 4 (overleaf).

Figure 4. Example summary table from survey data (Version 1)

Example Somerset School

Percentages of boys and girls responding positively to selected questions

	Year 7		Year 8		Year 9		Year 10		Year 11	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Q4: Feel more in control of their health than not (4 Qs)	86.7	71.4	76.2	80.0	70.0	47.6	77.8	58.8	88.2	77.8
Q5a-c: Good co-operation(by self-report) or better on both Qs	90.0	95.2	85.7	88.0	70.0	81.0	94.4	82.4	100.0	100.0
Q6/7: At ease socially (both Qs)	33.3	38.1	66.7	60.0	50.0	52.4	61.1	35.3	52.9	33.3
Q8/9: Communication always important in relationships (both Qs)	73.3	66.7	81.0	88.0	80.0	95.2	94.4	88.2	82.4	94.4
Q10/11: Perceive own efficacy in social situations seen as OK (both Qs)	76.7	61.9	66.7	64.0	70.0	61.9	66.7	70.6	88.2	66.7
Q12: Sex information mainly from friends	10.0	9.5	14.3	12.0	30.0	14.3	27.8	35.3	29.4	33.3
Q14: Worry about getting AIDS	33.3	38.1	23.8	32.0	40.0	19.0	38.9	23.5	29.4	50.0
Q15: Good HIV knowledge on 2 key Qs (LIGHT KISSING & SEX WITHOUT CONDOM)	73.3	61.9	81.0	80.0	90.0	95.2	100.0	88.2	88.2	94.4
Q16: Intend taking HIV precautions	76.7	71.4	76.2	76.0	75.0	90.5	94.4	94.1	100.0	100.0
Q17a: Heard of all STDs	3.3	0.0	0.0	8.0	10.0	9.5	11.1	23.5	0.0	0.0
Q17b: Say HIV/AIDS is most common STD	80.0	61.9	90.5	96.0	100.0	85.7	77.8	70.6	76.5	72.2
Q18: Know about access to free condoms locally	0.0	14.3	19.0	24.0	20.0	52.4	66.7	70.6	58.8	100.0
Q22: Wholly negative attitude to single parenthood	46.7	71.4	66.7	36.0	70.0	81.0	61.1	47.1	58.8	72.2
Q24: Pessimistic of cost of parenthood (high estimates on both Qs)	13.3	14.3	0.0	28.0	10.0	14.3	33.3	5.9	11.8	11.1
Q29: Pessimistic of stress of all pregnancy-related events (80/100 for all items)	13.3	28.6	4.8	28.0	40.0	23.8	16.7	29.4	35.3	55.6
Q30b: Would give relatively mature or independent response to an upset friend	33.3	42.9	42.9	68.0	65.0	66.7	38.9	52.9	88.2	77.8
Q30c: Would expect a relatively mature or independent response to be given by class	3.3	23.8	38.1	44.0	50.0	47.6	38.9	58.8	41.2	88.9

71

Responses by students to survey questions may be compared with data arising from question sheets used in modules. Students' responses to individual questions in the survey could (should?) be affected by particular modules, for example question 5 would link with work in module PE2 (PE), as indicated in the following table.

Question	Module	Subject	Title
Q5	PE2	PE	Coaching games skills
Q8/9	E2	English	Relationships in a text (e.g. *Joby*)
	E1	English	Media study: functions of relationships
Q10/11	ML1	Modern Languages	Exchanges (responses to invitations)
Q15/16	Ma1	Maths	AIDS: Modelling the epidemic
Q17	Sc2	Science	Statistics: Handling medical data
Q22,28	T1	Technology	Babies and diet
Q23	Ma2	Maths	Counting the cost
Q27	T3	Technology	Presenting information
Q28	E3	English	Soap opera
	RE1	RE	Family life in Religion
Q29	D1	Drama	Concerns corridor

Questions 4, 6, 12, 14 and 18 may be related to other aspects of the PSE programme in a school.

The SIMS Connection

Schools are increasingly using computers to record financial and student information, and the SIMS package has great potential for recording and reporting a variety of data.

Currently the survey and other monitoring work in Somerset CCSE schools has been collated and reported by hand, although the tables of survey data can and have been generated by the SHEU computing facilities.

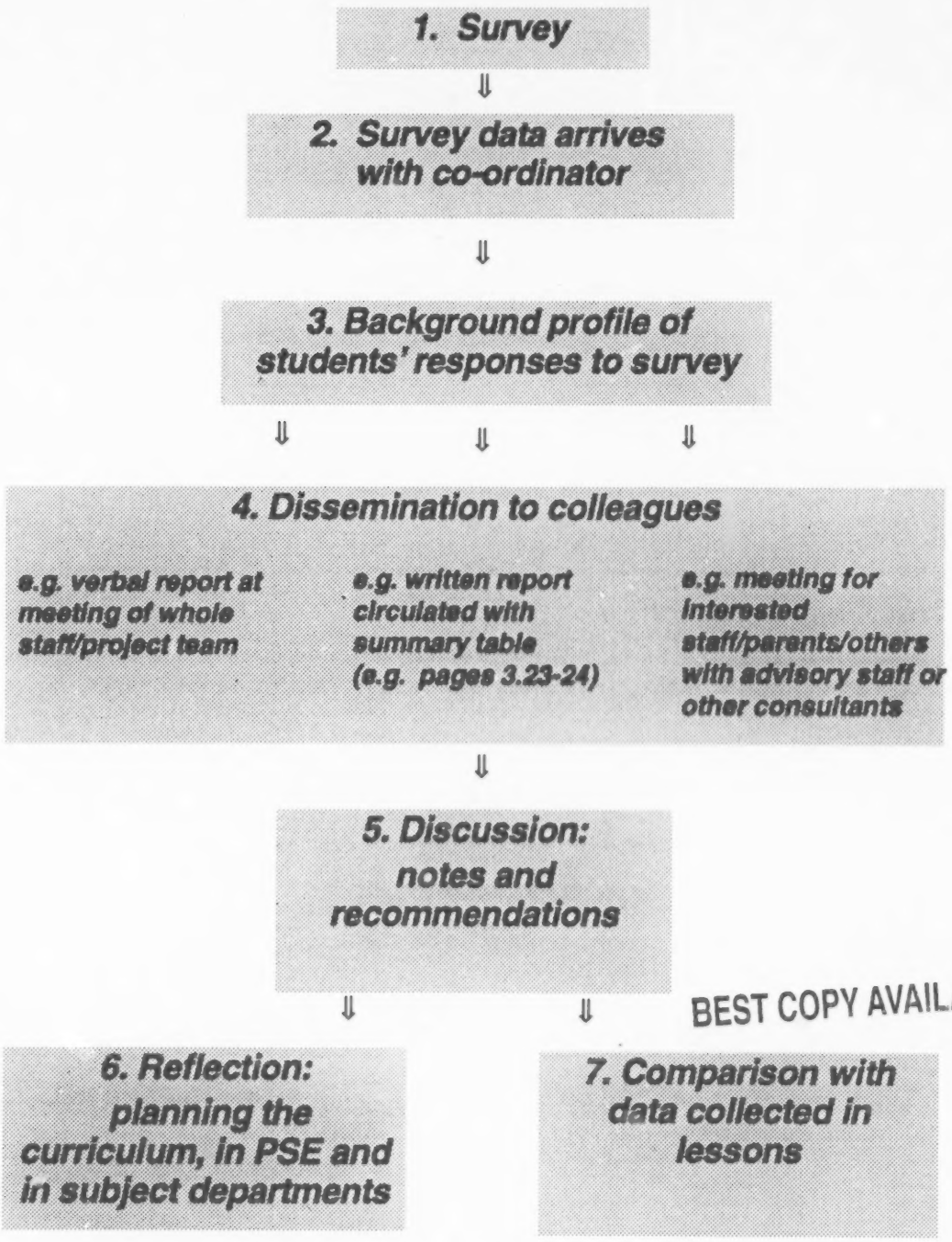
SIMS has facilities for 'reading in' OMR sheets which can be completed by teacher or pupil, and producing summaries of class/year results. If schools have a SIMS system which includes an OMR facility, then the whole process of data entry and report could be dealt with using SIMS.

We are unaware of these facilities being widely available in Somerset schools, although most use SIMS, and so the best way to produce reports of surveys or module sheets is currently through a service provided by SHEU.

3.5 What next?

1. The survey may indicate some very particular recommendations for the PSE programme or other aspects of health and relationships education.

2. With this profile from the school, the data arising from the use of modules can be seen against a much more detailed background. There may in fact be definite anomalies between the two sources of data.


1. Survey
2. Survey data arrives with co-ordinator
3. Background profile of students' responses to survey
4. Dissemination to colleagues
e.g. verbal report at meeting of whole staff/project team
e.g. written report circulated with summary table (e.g. pages 3.23-24)
e.g. meeting for interested staff/parents/others with advisory staff or other consultants
5. Discussion: notes and recommendations
6. Reflection: planning the curriculum, in PSE and in subject departments
7. Comparison with data collected in lessons

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Example summary — Health and Relationships Survey

As part of the continuing project, the school took part in piloting this survey devised by the Schools Health Education Unit, Exeter University.

Two tutor groups from each year (7-11) completed the survey, and the following snippets of data may be of interest to you.

- Almost all students (including year 11) considered it important to have encouragement from parents.
- Generally boys expressed more confidence socially, but girls thought themselves more socially skilled.
- The number of students who consider school lessons to be their main source of information is about 2/3 times higher than comparable figures held by SHEU. Clearly the school provision is making an impact.
- Boys especially thought that school should be an important source of information about sex, but parents were generally considered the most desirable source.
- Knowledge on HIV transmission is high in all years and all students (except Year 7 boys!) think that they will take precautions against HIV infection.
- Years 9-11 had heard of most of the named sexually-transmitted diseases. However, it was a matter of concern that HIV was considered to be the most common, when it is the least common. If young people consider HIV to be relatively the most common STD, but actually still infrequent, they may consider other STDs to be of no consequence, and irrelevant to their lifestyle.
- Students who had completed project work were quite well informed about the rights of girls that became pregnant under 16.
- Some boys (especially years 8 and 10) did not perceive pregnancy as stressful.
- In general, students considered that having a miscarriage would be more stressful than having an abortion.
- If a friend was upset, most students thought <u>they</u> would comfort them although some younger boys thought they would make fun of them. However, many students thought that <u>others</u> would make fun (others do it, not me!).
- The data seems to reflect the fact that years 7, 9, 10 and 11 received 'sex education' inputs, and maybe in future the year 8's curriculum could be addressed.

If you would like to see any or all of the data, [co-ordinator] has a copy in school (summary sheet on reverse).

More support or information on these or wider issues is available from:

Figure 4. Example summary table from survey data (Version 1)

Example Somerset School

Percentages of boys and girls responding positively to selected questions

	Year 7		Year 8		Year 9		Year 10		Year 11	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Q4: Feel more in control of their health than not (4 Qs)	86.7	71.4	76.2	80.0	70.0	47.6	77.8	58.8	88.2	77.8
Q5a-c: Good co-operation(by self-report) or better on both Qs	90.0	95.2	85.7	88.0	70.0	81.0	94.4	82.4	100.0	100.0
Q6/7: At ease socially (both Qs)	33.3	38.1	66.7	60.0	50.0	52.4	61.1	35.3	52.9	33.3
Q8/9: Communication always important in relationships (both Qs)	73.3	66.7	81.0	88.0	80.0	95.2	94.4	88.2	82.4	94.4
Q10/11: Perceive own efficacy in social situations seen as OK (both Qs)	76.7	61.9	66.7	64.0	70.0	61.9	66.7	70.6	88.2	66.7
Q12: Sex information mainly from friends	10.0	9.5	14.3	12.0	30.0	14.3	27.8	35.3	29.4	33.3
Q14: Worry about getting AIDS	33.3	38.1	23.8	32.0	40.0	19.0	38.9	23.5	29.4	50.0
Q15: Good HIV knowledge on 2 key Qs (LIGHT KISSING & SEX WITHOUT CONDOM)	73.3	61.9	81.0	80.0	90.0	95.2	100.0	88.2	88.2	94.4
Q16: Intend taking HIV precautions	76.7	71.4	76.2	76.0	75.0	90.5	94.4	94.1	100.0	100.0
Q17a: Heard of all STDs	3.3	0.0	0.0	8.0	10.0	9.5	11.1	23.5	0.0	0.0
Q17b: Say HIV/AIDS is most common STD	80.0	61.9	90.5	96.0	100.0	85.7	77.8	70.6	76.5	72.2
Q18: Know about access to free condoms locally	0.0	14.3	19.0	24.0	20.0	52.4	66.7	70.6	58.8	100.0
Q22: Wholly negative attitude to single parenthood	46.7	71.4	66.7	36.0	70.0	81.0	61.1	47.1	58.8	72.2
Q24: Pessimistic of cost of parenthood (high estimates on both Qs)	13.3	14.3	0.0	28.0	10.0	14.3	33.3	5.9	11.8	11.1
Q29: Pessimistic of stress of all pregnancy-related events (80/100 for all items)	13.3	28.6	4.8	28.0	40.0	23.8	16.7	29.4	35.3	55.6
Q30b: Would give relatively mature or independent response to an upset friend	33.3	42.9	42.9	68.0	65.0	66.7	38.9	52.9	88.2	77.8
Q30c: Would expect a relatively mature or independent response to be given by class	3.3	23.8	38.1	44.0	50.0	47.6	38.9	58.8	41.2	88.9

4. The CCSE Project Modules
for Sex Education in subject areas

CONTENTS

Section		*Page*
4.0	Summary	4.2
4.1	Introduction and overview	4.3
4.2	Existing modules	4.6
4.3	Developing further modules in your institution	4.12

The CCSE Project in Somerset

Schools Health Education Unit, University of Exeter: John Balding, Anne Wise, David Regis
Somerset Health Authority: Clare Laker, Kath Wilson, Nigel Laycock
Somerset Education Services

4.0 Summary

This section introduces the philosophy and practice of this cross-curricular work, both in terms of National Curriculum subject requirements and Health Education as a cross-curricular theme.

A selection of completed subject modules is outlined to enable the reader to obtain an overview of the content and suitable age-range of the modules. All the modules referred to are given in full in the companion **Teaching Materials** book.

Lastly, we explain how suggestions for future development and integration in your school may be used.

4.1 Introduction and overview

The National Curriculum has taught us all to use the jargon of *Cross-curricular themes*. There are specific subjects that should be taught either as particular timetabled lessons or within the scope of projects. Beyond these subjects for which statutory Orders exist, the curriculum should include five cross-curricular themes, including health education.

This climate of debate and activity suited the approach of the CCSE project in Somerset. Within schools, key people were identified to co-ordinate the activity of their colleagues and to act as liaison between the school and the project team.

Each module should:

a fit comfortably within the existing programme of study in its subject area

b achieve National Curriculum Attainment Targets or other requirements

c also make a contribution to students' understanding of health and/or relationships

d include a 'feedback' component designed to support co-ordination

e be readily accessible to colleagues in the same subject area and exportable to other schools

f be recognisable as a component of PSE, but not necessarily demanding special PSE-style group work skills

g be subject to a requirement to practise some extra care when introducing subject matter that may raise controversial or sensitive issues. If in doubt reference should be made to the project team, to local advisory staff, or Health Promotion Officers.

Overview of modules

These notes are reproduced from a selection of the modules which have evolved throughout the three-year programme.

Overview for co-ordinator and colleagues:

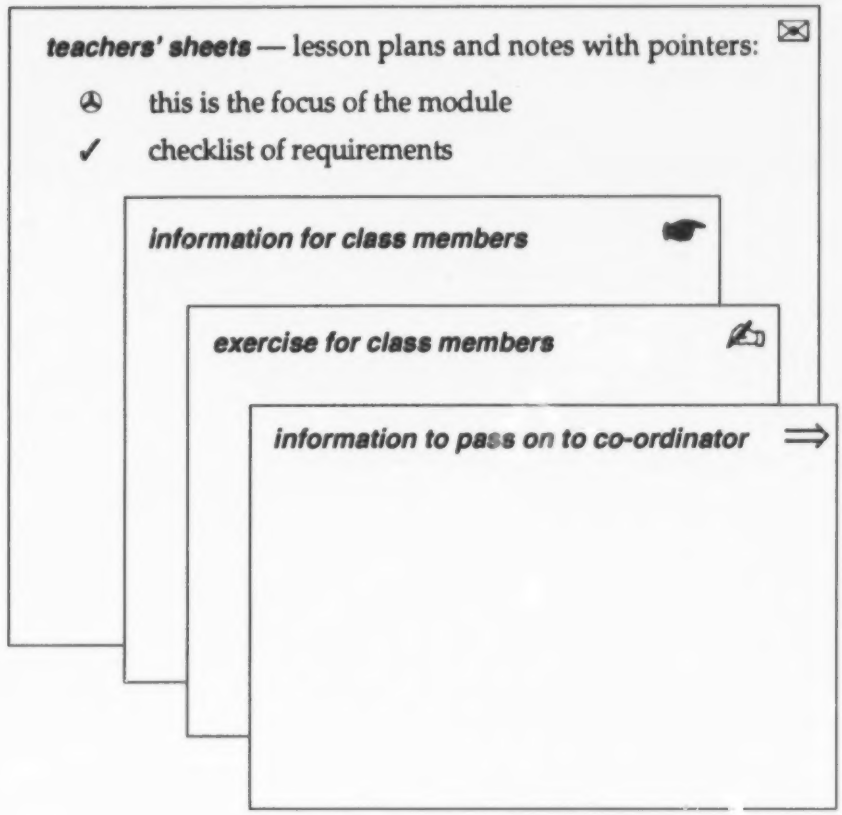
A1	Images of men and women	(ART)
D1	Concerns corridor	(DRAMA)
E1	Media study: relationships	(ENGLISH)
E2	Relationships in a text	(ENGLISH)
E3	Soap opera	(ENGLISH)
G1	Population and change	(GEOGRAPHY)
H1	The healthy effect of war	(HISTORY)
Ma1	AIDS: modelling the epidemic	(MATHS)
Ma2	Counting the cost	(MATHS)
ML1	Exchanges: invitations & responses	(LANGUAGES)
Mu1	Music and emotions	(MUSIC)
PE1	AIDS: simulation game	(PE)
PE2	Coaching games skills	(PE)
RE1	Family life in religions	(RE)
SN1	Childhood immunisations	(SCHOOL NURSE)
Sc1	Changes in adolescence	(SCIENCE)
Sc2	Statistics: handling medical data	(MATHS/SCIENCE)
T1	Babies and diet	(TECHNOLOGY)
T2	People and culture	(TECHNOLOGY)
T3	Presenting information	(TECHNOLOGY)

These are a selection of the many cross-curricular modules which were developed by teachers in the Somerset schools listed on page 1.15.

Other modules exist in different stages of development, and the number of modules will continue to grow as the project evolves. Guidance on the further development in individual schools is presented on pages 4.12–13. All the modules referred to are given in full in the companion **Teaching Materials** book.

For more information, you might want to contact the project team.

There are four sorts of sheets in each module:


teachers' sheets — lesson plans and notes with pointers:
this is the focus of the module
checklist of requirements
information for class members
exercise for class members
information to pass on to co-ordinator

We have included in the text of the **Teaching Materials** book several examples or statements from teachers involved in the trialling or development work. We have also included for reference the responses of the class members to various questions. This illustrative material is shown as follows in the text:

"Example material" .

We have also offered our own reflections which are separately identified:

"Example material" .

4.2 Existing modules

All the modules referred to are given in full in the companion **Teaching Materials** book.

A1. Images of men and women *(ART)*

Time needed: **1 term's work** Age range: **13+**

Art has enormous potential for promoting reflection, and the examination and creation (or adaptation) of potent images has been used here to examine particular issues around sexual stereotyping.

D1. Concerns corridor *(DRAMA)*

Time needed: **1 double and 1 single lesson** Age range: **13+**

This module could be seen to link well with Module PE2, in that it looks at communication between young people (positive and negative). The module allows students to express the internal and external pressures and issues that they perceive exist for young people and to discuss and enact these through improvisation and role-play. Students have an opportunity to reflect upon how these are expressed in comments made in relationships.

This module places some demands on the special skills of the teacher.

E1. Media study: relationships *(ENGLISH)*

Time needed: **6 single lessons** Age range: **14+**

The aim of this particular module is to use the representations of relationships by the media and to develop the understanding of the functions of long-term relationships for the couple and for society.

E2. Relationships in a text *(ENGLISH)*

Time needed: **1 double and 1 single lesson** Age range: **13+**

This module uses the text *'Joby'* (Stan Barstow) together with the characters and their relationships to encourage students to consider issues of relationships and how to improve communication within them.

E3. Soap opera (ENGLISH)

Time needed: **4 weeks' work (1 double and 1 single a week)** Age range: **13+**

Within this module, students work in small groups to devise and write their own soap-opera. During the construction of the story line, unexpected events are introduced by the teacher, which potentially could alter the course of the story.

The module provides an opportunity for class members to reflect upon and investigate the possible consequence of an unexpected, unplanned event, such as a pregnancy, and also to reflect on the level of communication between the characters.

G1. Populations and change (GEOGRAPHY)

Time needed: **2 double lessons** Age range: **12+**

Geography can be used to emphasise both similarities and differences between aspects of different nations and cultures. Here the challenges of child care in the UK may be compared with those elsewhere.

H1.The Healthy Effect of War (HISTORY)

Time needed: **1–3 single lessons** Age range: **12+**

The Second World War occurred in the middle of a modest revolution in public health, and the further development of initiatives such as rationing during the war years led to further advances. Messages for our own time can be derived from later accounts of changes in women's and infant health, although the evidence is not so straightforward to interpret as may at first be thought.

Ma1. AIDS: modelling the epidemic (MATHS)

Time needed: **2 double lessons** Age range: **13+**

The relative rise in the HIV case rate arising from heterosexual sex is often referred to, but may have little impact on people's behaviour. One way of bringing this point home is the approach adopted in this module, where a discovery method is applied to the number of cases of AIDS.

This module places some demands on the sensitivity of the teacher.

Ma2. Counting the cost (MATHS)

Time needed: **At least 3 weeks of work (double and single lesson a week)**

Age range: **12+**

There are two approaches to this module. The first allows the pupils the scope to take on their own research into the cost of having a baby and presenting this information at the end of the course. The second approach supplies the students with this information already, in the form of a resource pack.

The material contained in this module is aimed at raising the awareness of class members of the financial costs of parenthood, with respect to the earning of people at different ages.

ML1. Exchanges: invitations & responses (LANGUAGES)

Time needed: **At least 1 double and 1 single lesson**

Age range: **13+**

The social skills of invitation, acceptance and refusal are surely never tested more than when we are fumbling over language, and in this module both grammatical and personal skills were rehearsed. The excitement and opportunities provided by exchange visits bring their own tests of skill and resolve, not least with respect to sexual relationships, and these issues too have been examined. The pupils are given the opportunity to practise 'refusing statements' to different invitations, set by the teacher and/or by themselves, so as to understand better, how and when 'assertive' responses can be used, and to help them use these responses. This module in fact arose from the aim to equip pupils with the skills that could be valuable on an exchange trip to France, and this link is made apparent in the notes.

Mu1. Music and emotions (MUSIC)

Time needed: **5 single lessons**

Age range: **12+**

Music is an unnatural place to communicate medical messages, but a natural arena to explore some of the feelings and attitudes surrounding a given issue. This is the approach here, where expressive composition is used to explore students' emotions about topics.

PE1. AIDS: simulation game (PE)

Time needed: **2 double lessons**

Age range: **11-19**

Locally we have come across many schools that have used whole year-group teaching, sometimes for a whole day, in order to perform some high-profile health education activities. This is an example of one, based on Graham Thomas' AIDS simulation game.

PE2. Coaching games skills (PE)

Time needed: **Single lesson for 6 weeks** Age range: **11-16**

As well as providing exercise, physical education has often been seen as an arena for social development or 'character-building', since in these lessons young people are constantly involved in social exchanges. Traditional games skills are practised in these lessons but the social dimension is given strong emphasis.

This module is concerned with the role of the pupil as a coach to one other peer in his/her class. Concentrating specifically on a few coaching points, the coach aims to improve the performance of the individual; this individual in turn has a responsibility to respond to the coaching points.

This links well with National Curriculum Programme of Study at Key Stage 3 (6a), which requires students to be able to analyse and constructively criticise elements of a performance.

The framework used of "passive/assertive/aggressive" responses may not be familiar to teachers without a PSE background, and students may find the framework needs some attention before they are confident in it.

RE1. Family life in religions (RE)

Time needed: **4 double lessons** Age range: **13+**

The family is a strong theme of health education in general and sex education in particular. In these lessons the importance and role of the family is examined across different religious groups. Using these and other family models, this module looks at the needs of young people and how they are met by these denominations. The aim of the module is to make students more aware of the importance of family in meeting the needs of children and giving them an opportunity to judge how well young parents and others are placed to meet these needs.

SN1. Childhood immunisation (SCHOOL NURSE)

Time needed: **4 double lessons** Age range: **12+**

Medically trained personnel may be viewed very differently to teachers by pupils. For example, they may seen as more expert, distant, or to have more or less at stake in the wellbeing of the class, and so on. School nurses play a variety of roles in school and here is one module developed where a school nurse has been involved directly in the teaching material.

Sc1. Changes in adolescence (SCIENCE)

Time needed: **4 double lessons** Age range: **13+**

Science is often the repository for 'plumbing' lessons. Here we have some active approaches to working with students on the physical and emotional changes of adolescence.

Sc2. Statistics: handling medical data (MATHS/SCIENCE)

Time needed: **2 double lessons** Age range: **12+**

Using both local and national data on sexually transmitted diseases, students handle and manipulate it in a variety of contexts, such as counts, rates, percentages, fractions and so on.

Opportunity is also given for the students to reflect upon the information presented, to raise awareness of the incidence of sexually transmitted diseases amongst young people, and also the greater risk of prematurity among young teenage mothers.

Science has been a familiar route for education in health and sexuality, or at least those aspects concerned with biological, medical and family planning perspectives. These will doubtless continue, and may be supplemented as a wider understanding of what should be included in 'sex education' develops.

In using this material, teachers without a Science training may wish to refer to background information on the particular diseases mentioned.

T1. Babies and diet (TECHNOLOGY)

Time needed: **4 double lessons** Age range: **13+**

Home economics and child development aspects of technology are brought together here in an adaptation of what is now a familiar exercise performed with eggs or potatoes. This module also investigates the production of a baby food.

T2. People and culture (TECHNOLOGY)

Time needed: **1 single + 1 double lesson** Age range: **12+**

Food choice and style is one of the most obvious differences between cultures and within our multi-cultural society we have food from many different traditions available to us. This cultural aspect of food is examined in this module from the starting point: how is culture passed on? The importance of parent-child relationships is highlighted and within these the role of communication is examined.

T3. Presenting information *(TECHNOLOGY)*

Time needed: **3 double lessons** Age range: **13+**

There are several areas of the National Curriculum Orders that lend themselves to cross-curricular work, and here use is made of a particular opportunity in the Technology document to get across some relevant information.

4.3 Developing further modules in your institution

The modules presented in the **Teaching Materials** book do not reflect all the subjects and opportunities available to staff and pupils. It may be that having worked through the modules, a participating school decides that it would like to develop or integrate additional material under the project umbrella. We have given (page 4.3), in outline, the philosophy under which the existing modules have been developed. There are some other points of practice which, together with the statement above, form a set of guidelines for developing modules.

- Unobtrusive or natural introduction of material is better than a forced or contrived link. If the lesson has an obvious 'join' the lack of flow and continuity may very much reduce the value of the exercise.

- Simple material is better than complex. Some issues are necessarily complex, and it may be that this complexity cannot usefully be avoided — for example, the framework of interpreting responses as passive/assertive/aggressive in the Languages module is worth working on, but as a rule we have tried to keep things at a basic level.

- It is better to identify a specific piece of information or message than to plan only to discuss a general issue. General discussion has its place in the curriculum but it may be that subject teachers have neither the time nor the inclination to take on more free-ranging discussion of what may be complex or controversial issues.

- It is better to adopt an unambitious module which can be adopted by the whole staff in a department, than to devise something more distinctive but less accessible. For example, some teachers of Geography may welcome the opportunity to talk about family planning with their classes, but their colleagues in the department may not be so keen. In this event, either some students will not have this information, or if the decision is made to offer the information through Biology or PSE then there is an obvious duplication of effort.

  The task for the co-ordinator, of discovering what has been offered to which students, is made much more difficult by such patchy coverage.

How do you decide on material to be developed?

There are a number of starting points:

1. The curriculum audit may identify a gap in coverage which may be offered to a department, which may then see opportunities in its current programme for development. Some courses are more flexible in this regard than others (much of

the English Orders and also some areas of the Mathematics and Technology Orders lend themselves to cross-curricular work, being less dependent on specific content).

2. Teachers may have some material already practised which they would like to share and/or develop with colleagues.

3. Other existing material from teaching packages may be taken up and given a project flavour. One obvious example is the well-known exercise of giving students the task of looking after an item for a week (see *Can you handle it?* from the publication *Taught not Caught* by the Clarity Collective [Wisbech, LDA]). This can be done as a stand-alone exercise in a PSE course, but it raises many issues that fall naturally under the Home Economics end of the Technology curriculum.

This must all be familiar to teachers of health education and others. The distinctive principle of this project is not that we have particularly novel starting points, but a commitment to a finishing point. This means that you need to decide, for any new modules:

- How will you detect progress towards your objectives?
- How are you going to inform your co-ordinator of your progress?

There are models of how to proceed throughout the modules (see **Teaching Materials** book). Reference may be made to the project team for guidance.

5. The CCSE Project Team Leader's Handbook
for Sex Education in subject areas

CONTENTS

Section		*Page*
5.0	Summary	5.2
5.1	Administrative issues	5.3
5.2	Co-ordinators' views	5.4
5.3	Co-ordinating the subjects' contributions	5.5
5.4	Supporting the project from outside the school	5.7

The CCSE Project in Somerset

Schools Health Education Unit, University of Exeter: John Balding, Anne Wise, David Regis
Somerset Health Authority: Clare Laker, Kath Wilson, Nigel Laycock
Somerset Education Services

5.0 Summary

This CCSE Project team leader's handbook describes in some detail the issues that arise within the planning and implementation phases of the project, once a school has shown interest in becoming involved with it.

The challenges, resources and possible approaches are signalled, with the aim of clarifying to the potential school co-ordinator what involvement in the CCSE Project will mean to them.

5.1 Administrative issues

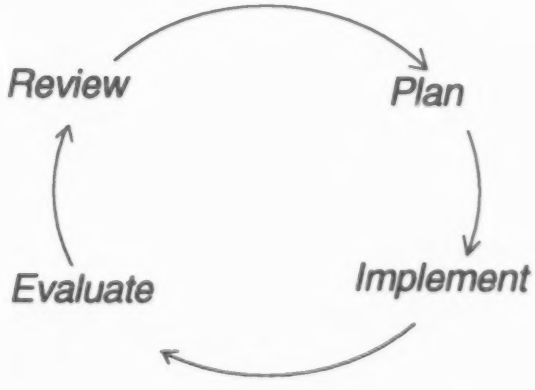
Adopting a cross-curricular approach for any theme, based on the subject curricula within a school, has both disadvantages and advantages. For the schools initially involved in the development of this project, these administrative issues were at times new challenges and were dealt with as they arose. Others were identified beforehand and some strategy had already been recognised. Some of the issues were not concerned with the content of the project, but with teaching methodology. In this section, some of the general notes of school co-ordinators within the pilot schools have been collected.

Start with the enthusiasts...!

This might seem an obvious statement to make, but within the project, progress and success often encouraged further initiatives in new curriculum areas. Each department identified a person responsible for the project for the targeted year groups. This had the benefit of sharing the task of co-ordinating the project across the subject areas, and provided the school project co-ordinator with a specific point of contact for the administration and progress of the project.

Set achievable targets (timing, scope)

This project demanded the process of REVIEW — PLAN — IMPLEMENT — EVALUATE. It was necessary to co-ordinate with the development plan of the school, and to ensure success it was sometimes necessary to span more than one academic year. Enthusiastic departments were encouraged to be the first to start. Less enthusiastic colleagues were later enthused and ventured to join when they felt confident.



5.2 Co-ordinators' views

Some school co-ordinators mentioned spin-offs from the project, including:

- the closer liaison with school medical support staff
- the raising of awareness across the school, and in particular amongst pastoral staff who may have to provide support and advice for sexually-active pupils
- the introduction of health education in previously 'dormant' areas of the curriculum.

Areas of difficulty were:

- the pressure of time needed to plan across the curriculum
- teachers' concerns about whether they had the right to tell students 'what to do'
- teachers' difficulty in assessing the affective domains of the work.

Often, a modular or team-teaching approach could cater for support of staff that did not want to tackle a given module.

Most school health education programmes aim to help students make informed choices; this programme goes some way to achieving such aims in areas of health and relationships. Within the modules are some suggestions to enable feedback to be gained, as this is considered vital.

Values of the CCSE Project methodology

1. The CCSE Project approach is to provide students with information, the opportunity to explore attitudes to sexuality, and to learn skills that would contribute to decision making.

2. The outcomes of classroom contact time were maximised by achieving both subject and PSE objectives in the same activity. Each subject area undertook a maximum of two double lessons in contribution to the project. Some colleagues merely gave existing work a new emphasis to achieve the objectives of risk appreciation or responsibility in relationships.

3. Teachers were able to build on their own strengths and competence by working on content area that was familiar. This gave them confidence to add a minimum of extra content or to re-examine their teaching methodology. The concept of student feedback sometimes challenged teachers. Often the information thus received was so valuable that teachers resolved to use this methodology in other areas of their teaching.

This model allowed all teachers to employ content and teaching technique that was comfortable. It emphaised their strengths rather than revealed their weaknesses. Confidence thus gained will hopefully fuel the enthusiasm to evolve work in the future.

5.3 Co-ordinating the subjects' contributions

While each subject teacher may have done only two double lessons for the project, these two lessons formed part of a deliberately-planned programme which covered many subjects and many lessons. It was useful to keep all teachers informed, if only in outline, of what colleagues in other departments were doing.

If the whole programme can be drawn together on a single sheet of paper, or a single sheet for each year group, a teacher's own part in this 'big picture' may be understood. The responsibility for producing such an outline could well rest with the project co-ordinator, who should be the recipient of information about the project.

At times, the aim of the module was kept secret from the students until the end. Some teachers preferred to share the aim of the project and each individual module with students in advance. These students may have benefited from making explicit links between discrete experiences and learnings within the project materials. Secrecy or openness will clearly remain a matter of personal choice to teachers.

Beyond these general statements, any concrete responses to the challenge of co-ordination will depend on the particular mix of staff, pupils, Governors and other local factors present in the school.

Programme for school co-ordinator

Contact from external co-ordinator

Audit

Survey

Planning

Implementation

Feedback

Review

The left-hand side has been left for you to fill in dates and named venues to allow for your own personal style and local circumstances.

5.4 Supporting the project from outside the school (the 'external co-ordinator'):
notes for Advisory Teachers, Health Promotion Officers, etc.

During this project the Schools Health Education Unit has worked closely with two Advisory Teachers for health-related education in Somerset [Kath Wilson and Nigel Laycock]. The positive support from these two Advisory Teachers to other SHEU work within the county provided strong motivation to develop the CCSE project there.

Along with the expertise provided by external support agencies, the project requires an individual within the school who is able and willing to co-ordinate the project, assure the equal dissemination of material and information to each participating subject area, and handle the information fed back [to him or her]. The 'school co-ordinator' — typically the teacher responsible for health education, but not necessarily such — should be used as the channel for most of your communication.

It is helpful to request and hold copies of the timetables of school and subject co-ordinators —so that times when they may have non-teaching periods may be identified for visits or telephone contacts. Contact with individual subject teachers may also be enabled in this way, but it is unlikely that attention at this level of detail, for them, is convenient.

The ideal school co-ordinator...

. . . should have the shoulders of Atlas and the persistence of a Jack Russell! The support of senior management and outside agencies are thus seen to be important to the school co-ordinator, who otherwise could feel 'lonely' in his or her role.

The support of Senior Management is essential

This has tangible effects — they will work to make people free and to assure that the project has every chance to succeed within the school. Intangible efforts are that they will give signals about the status of the project to which staff will respond in a more positive and encouraged way.

Liaison with governors

Work in sex education in schools falls within the responsibilities of Governors, who should preferably be involved and certainly be kept informed in each school. Again, section 6 of this document illustrates some examples of work with Governors.

Supporting agencies

Many organisations have an interest in the aims of this project — find out who they are and make use of them, such as the Family Planning Association, (HIV prevention) Health Promotion Officers.

Visit the school early on

Personal contacts can make an enterprise like this come alive for both sides in the partnership. It is important to make contact with individual staff in departments, not just the school co-ordinator. If this can be achieved the focus can be kept sharp and assists the school co-ordinator in the task of providing information and collecting feedback.

Get everyone together at the start

A general planning and discussion meeting in the early days of the project can allow misapprehensions to be aired and clarified, whilst giving an appropriate feeling of collective endeavour and generating enthusiasm.

Transport in Somerset

Every area has its own problems — in Somerset these are partly about getting around a rural county. Any recipe for action will need adjusting to the locality in which you are working; the use of existing professional networks could provide a base from which to feed in terms of support and resources.

Start where they're at

The exhortation to 'start where they are at' is no less appropriate for dealing with adults than with children. Understanding of and enthusiasm for contemporary health education practice can be developed from whatever base of opinion and comprehension exists in a school, so get the staff on your side, but . . .

Identify the decision-makers

In any body of people, even if power and ability are evenly shared, different roles are likely to be parcelled out amongst the membership. It is likely that the conviction and support of a few key people is necessary and largely sufficient to secure approval of the enterprise.

Seek the support of the dynamos

Another feature of groups is work that is often unevenly distributed. With some powerhouses on your side, the implementation of the project will swing.

What's in it for them?

Whatever the motivation of the project movers, it may not be shared entirely by all those who are asked to contribute. It may be useful to have thought about the full range of positive things that may come out of the project for individuals and institutions, in the hope that everyone will find something that appeals to them — the use of an introductory meeting in the early days can illustrate positively the value of the project to individual subject areas.

Don't be afraid to give up!

We offer no magic wands nor secret recipes. It may be that this project just isn't right for some schools, and your efforts are best directed elsewhere for the time being.

Advisory staff in the 1990's

Education is in a state of flux. We have been pleased to work over many years with LEA advisory teachers, and recently with those appointed as drugs or health education co-ordinators under the GEST funding initiatives. The specific GEST funding has dried up, and more LEAs are starting in more general ways to look parched. The support of such advisory staff has been an enormous asset to our own work, work which so many people think is important, and it will be nothing short of tragic if health education in schools is no longer done for want of proper support.

It is an advantage for the Advisory Teacher to "keep an eye on things" when in school for other business — ideally, to be a familiar face. This is good for implementation, but also enables the Advisory Teachers to gain a more detailed picture of activity in the school.

Towards a whole curriculum

Sex education is only part of health education, which is itself only one of five cross-curricular themes. The project should be seen alongside — and preferably integrated with — the planning of the whole curriculum.

Transferable skills

Schools have found participation in this project useful in assessing the size and nature of the task of planning other work with the same, cross-curricular, approach. The size of the task may appear daunting, but the exercise does provide a series of steps to go through.

Supporting school co-ordinators

The approach of 'action planning' — that is, developing timetables of activity and of breaking down tasks into manageable steps — may need to be suggested to co-ordinators, and without disrespect could usefully be talked through at an early date. A programme that reflects planning and consideration is far more likely to succeed than one that is rushed through without the consultation of the staff who are to deliver it.

Secondly, we have found it very useful to get school co-ordinators from different schools together, to celebrate or commiserate over common experiences, and to share ideas.

Hope and reality

The implementation of the materials in full by all departments in all schools in your area may be unlikely in your job of supporting schools . It probably makes sense at the beginning of the project to choose schools where you think the ideas will be well received and implemented.

- Adopt a firm policy of flexibility, and go for implementation that is individual at the level of the school. In this way you will achieve a wide coverage without compromising the aims of the project, and promote and accommodate useful work that might not otherwise have taken place.
- School co-ordinators will turn to you and probably thrive with support.
- The problems they present, you may carry with you — where will *you* go for support?
- School co-ordinators benefit from your enthusiasm and interest in their progress.
- Have *you*, in turn, got a manager or advisory body to whom you report, and who will enthuse about the activity?
- Public groups, e.g. local associations of Governors, may also be pleased to hear of progress.

Project Management Plan

January

Letter to Headteachers.

Introduce concept to managers, interested bodies, e.g parent or governor associations.

Follow-up letter.

Set up advisory group.

Visit first 3 schools

Launch.

January

Meet to discuss curriculum audit with group of staff.

Planning meetings.

Curriculum audits.

Telephone call with anxious Geographer.

Implementation of modules and feedback.

Parents' evening to discuss survey results

Review and planning.

Review meeting with staff from schools 1 and 2.

January

This has been deliberately left incomplete to allow for your own personal style and local circumstances.

Recent work in Somerset

On the next four pages we present:

1 }
2 } Survey report summaries (Sexual Health Education)
3 }

4 Support services (Sexual Health) for schools

A survey of Sexual Health Education in Somerset Schools

March 1993

In the Spring term of 1993 Somerset Health Authority undertook a survey of all state and a sample of independent secondary and middle schools, regarding the schools' provision of sexual health education. The aim of the exercise was to identify areas of strength and provide a focus for planning a support package for schools.

The following information is a summary of the survey findings.

Matters relating to policy

Of those schools that responded:

- 85% had a sex education policy;
  this figure included 5 independent schools which were not legally bound to do so.
- 80% of these policies included HIV/AIDS
- 62% had a Health Education policy

Information regarding the nature and content of these policies was not gathered.

It is interesting to compare Somerset's situation with elsewhere in the UK.

- A national survey of state schools (an enquiry into Sex Education, 1992, Sex Education Forum) found only 84% of secondary schools in Britain have a written sex education policy.

Matters relating to the curriculum

Where is sexual health being addressed?

PSE	78% of 42 schools
Science	76% of 42 schools
Across the curriculum	61% of 42 schools
Health days/special events	14% of 42 schools

- No information was gained regarding how cross-curricular work is co-ordinated, although some schools mentioned being a part of the Somerset CCSE Project.
- Several special schools indicated sexual health as being addressed only when the need arose.

What is being taught and when?

In general, areas of knowledge receive greatest attention, whilst matters concerning exploration of attitudes and development of skills receive less. This can be broken down further as shown below.

Summary of sexual health education provision from survey

Areas of knowledge

Considerable coverage	**(a) Biological content** e.g. Parts of the body — Reproduction — Hygiene — Puberty	Often repeated in all years
Moderate coverage	**(b) Sensitive issues** e.g. Contraception — STDs — HIV transmission —Safer sex — Sex and the Law	Concentrated in years 9-11 in secondary but years 7-8 in middle
Little coverage	**(c) Personal/subjective areas** e.g. Living with HIV — Local agencies — Child protection	Concentrated in years 10 & 11

Exploration of attitudes

Considerable coverage	**(a) Non-controversial areas** e.g. Friendship	Often addressed in all years
Moderate coverage	**(b) More controversial areas** e.g. Marriage & partnership — Religious & cultural views — Family life	Where these occur they often span all years
Sparse coverage	**(c) Sensitive areas** e.g. Use of contraception — Abortion — Sexuality — Stereotyping — Sexual harassment	Where occur concentrated in years 10 & 11

Summary of sexual health education provision from survey

Personal skills

Considerable coverage	**(a) Core skills** e.g. Communication — Decision making	Repeated in all years
Moderate coverage	**(b) Personal areas** e.g. Safety — Caring for others — Personal confidence	Where occur usually across age range Greater concentration in special schools
Very limited coverage	**(c) Future areas** — Parenting skills — Using a help agency	

In general, areas of knowledge such as biological content receive greatest attention, often being repeated throughout all school years. Exploration of attitudes receives less time, particularly discussion around more sensitive areas such as abortion, sexuality, etc. The least addressed area is the development of personal skills particularly those concerned with negotiation of safer sex, parenting skills, using a help agency, etc.

Summary of support for schools from sexual health education survey

Where have schools gone for help?

	No.	% of 42
LEA/Advisory Service	14	33%
Somerset Health Authority	11	26%
Positive Action (HIV prevention)	9	21%
Bath Health Authority	2	5%
School nurse	17	40%
Family Planning Association	3	7%

What helps and what hinders the effective delivery of sex education?

6 main factors were identified as *helping*

- Teacher confidence and commitment
- Programme co-ordinator
- Training of teachers
- Good up-to-date resources
- Time for planning
- Parent/Governor support

5 main factors were identified as *hindering*

- Staff attitudes
- Lack of training
- National Curriculum pressures
- Lack of suitable resources
- Lack of differentiation in sexual health programmes and resources

What are schools' future priorities?

A variety of issues were identified. Those more frequently referred to can be summarised as follows:

- Development of spiral curriculum
- Updating resources
- Introducing sexual health education at a younger age
- Addressing sensitive areas
- Working with special-needs children
- Cross-curricular co-ordination
- Teaching styles
- Parenting/child development

6. The CCSE Project approach to working with Parents and with Governors
on Sex Education

CONTENTS

Section		*Page*
6.0	Summary	6.2
6.1	General approach	6.3
6.2	Parents and Parents' evenings	6.4
6.3	Governors: the law	6.20
6.4	Example programmes and materials for Governors' workshop	6.23

The CCSE Project in Somerset

Schools Health Education Unit, University of Exeter: John Balding, Anne Wise, David Regis
Somerset Health Authority: Clare Laker, Kath Wilson, Nigel Laycock
Somerset Education Services

6.0 Summary

Here we illustrate ways of working with parents and governors with regard to the CCSE Project and other areas of sex education in the curriculum.

There are materials and suggestions for aiding a school's approach to groups of Governors, when seeking their comments and support for the programme.

6.1 General approach

" . . . sex education is a crucial part of preparing children for their lives now and in the future as adults and parents. In sex education factual information about the physical aspects of sex, though important, is not more important than a consideration of the qualities of relationships in family life and of values, standards and the exercise of personal responsibility as they affect individuals and the community at large." *Health Education from 5 to 16*. H.M.I. 1986.

In recent years significant developments have taken place in schools with regard to sexual health. In 1986, The Education (No.2) Act placed responsibility on governing bodies for determining what sex education should be offered in their schools and how it should be taught. There have also been a number of other governmental and non-governmental initiatives in this area since.

In 1990, The National Curriculum Council produced non-statutory guidance for schools on aspects of health education in their publication *Curriculum Guidance No 5: Health Education*. This identified nine content areas of health education including Sex Education and Family Life Education. Statutory elements of sex education were located within Attainment Target 2, 'Life and Living Processes' of the National Curriculum Science Orders. In 1992, these were revised to include the teaching of HIV and AIDS in Key Stage 3, only to be removed in September 1994 by legislation.

One of the main aims of the CCSE project has been to work closely with parents and with governors at all times, and to keep them informed of the cross-curricular modules being developed and used within their schools. The natural attention and concern people have for this aspect of the curriculum have led to its status being raised and its content being examined. For this area of education, there is an opportunity to create a genuine partnership and sense of common purpose.

The following pages outline some points of interest and describe some approaches that have been developed by schools and by the Project Team for working with parents and governing bodies.

6.2 Parents and Parents' evenings

It is a difficult task for parents to bring up their children and a particularly difficult task with respect to their children's sexual development and health. Studies show that:

- Britain has the highest rate of teenage pregnancy in Europe (Craig, 1992).
- Recent surveys show that almost 50% of teenagers under 16 years of age have entered into a sexual relationship (Ford and Morgan, 1989, Curtis et al., 1989).
- Statistics show that in 1989, nearly 1 in 100 girls under 16 years of age became pregnant in this country ('Health of the Nation').

It is no wonder that parents are concerned about the sexual health of their children and that they are generally supportive of sex education in schools.

In 1992, the Government White Paper 'Health of the Nation' outlined a strategy for promoting health in this country.

The main targets for HIV/AIDS and sexual health are:

- To reduce the incidence of gonorrhoea among men and women aged 15-64 by at least 20% by 1995 (from 61 new cases per 100,000 population in 1990 to no more than 49 new cases per 100,000).
- To reduce the rate of conceptions amongst the under 16s by at least 50% by the year 2000 (from 9.5% per 1,000 girls age 13-15 in 1989 to no more than 4.8%)

Health of the Nation (HMSO)

These targets can only be met if the statutory and non-statutory agencies work together with schools and parents.

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References:

Craig, J. *Recent Fertility Trends in Europe*. HMSO. 1992

Curtis, K. et al. Teenage Sexuality. *Archives of Disease in Childhood*. 64. 1240–1245.

Ford, N and Morgan, K. Heterosexual Lifestyles of Young People in an English City. *Journal of Population and Social Studies*. 1 (2) 1989. 167–185

Parents' evenings

The CCSE project has proved to be an effective vehicle for enabling such communication and co-operation between local agencies, health care professionals, teachers, governors, parents and young people to take place.

We enclose two example programmes:

1. Year 7 Parents' evening: Provision of Sex Education — The Role of the School.
2. Year 9 Parents' evening: Cross-curricular Sex Education (The CCSE Project).

Example of Year 7 Parents' Evening: "Provision of Sex Education — The Role of the School"

1. Welcome

2. Purpose of the evening:

- To identify parents' wishes regarding the provision of sex education in the school.
- To provide information about teenage sexuality.
- To outline the current provision for sex education in the school.

3. General Introduction

Focus on issues such as:

- Parents are a major influence on young people.
- Difficult task in bringing up children, especially in relation to sexuality.
- Common view of young people: Parents are the ideal source of information (Question 53 and 54, *Young People in 1991*, OHT see page 6.9).
- Common reaction of parents = "Help!"
- OHT: information and statistics on teenage sexual health (see pages 6.10–11).
- Role of school: to provide sex education.
- Parents need to know what the school is covering with regard to sex education in the curriculum.
- School can complement input by parents.
- School lessons can prompt discussion between parents and children.
- **A suggested contract from the school: We will say what we are teaching and when, and will keep you informed by letter on a regular basis and at the appropriate times.**

4. Small group activities

(i) Warm-up:

- How did parents learn about sex when they were young?
- What influenced them?

Take verbal feedback or record on flipchart/overhead projector.

(ii) In fours/fives:

What do parents think the school should teach young people about sexual health?
Take feedback on flipchart or overhead projector.

(iii) Allow parents to experience a number of participatory activities that their children will experience during sex education lessons in school.

Use activities that focus on:

- Knowledge — true/false quiz e.g. puberty/pregnancy/HIV
- Attitudes — agree/disagree statements
- Skills — responsible behaviour — discuss a number of scenarios

Take feedback on parents' reactions to the activities.

(iv) Allow parents to view resources used in the school sex education programme and comment upon them.

5. Plenary

Allow parents the opportunity to express their general thoughts and observations about the evening.

6. Reflections on the evening

Ask the parents to complete an evaluation form which identifies their feelings about the various parts of the evening (see page 6.16). It should enable the school to identify the successful and not-so-successful parts of the programme for future reference.

Year 7 Parents' evening
Provision of Sex Education — The Role of the School
Sample letter of invitation to parents

Dear Parents

You are warmly invited to a year 7 parents' evening on (date) at (time). During the evening you will have the opportunity to:

(i) gain an insight into the sex education programme that has previously been provided for children attending this school, and

(ii) inform the school about additional aspects of sexual health that you might wish to see included in the programme.

We look forward to seeing you on the evening.

Yours sincerely

Headteacher

.....

I/we are able/unable to attend the year 7 Parents' evening on (date).

Name of student ..... Tutor group .....

Signature of parent .....

112

Schools Health Education Unit
University of Exeter

Health Related Behaviour Questionnaire
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YOUNG PEOPLE IN 1991

Percentage figures of boys and girls responding to

Question 53: Which of these is your main source of information about sex?

	Year 7		Year 8		Year 9		Year 10		Year 11	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Parents	33.8	55.0	28.8	42.3	22.9	36.6	18.2	28.5	17.3	27.7
Teachers	12.5	4.7	16.4	10.5	16.7	8.4	14.8	8.8	11.7	7.4
Friends	23.5	18.8	25.0	23.0	28.7	28.4	34.5	34.8	36.6	36.9
Siblings	5.9	12.1	6.9	7.4	6.9	8.2	6.4	7.5	6.0	6.9
G.P./FPA etc.	0.0	0.0	1.1	0.7	1.4	0.8	0.7	1.0	1.0	2.0
Stories in books	1.5	3.4	4.2	7.4	4.5	8.6	5.1	10.5	4.9	10.0
TV videos, films	15.4	3.4	13.4	5.4	14.9	5.4	15.6	5.2	16.8	4.3
Posters/leaflets	7.4	2.7	3.9	3.4	3.6	3.5	3.8	3.1	4.4	4.0
Self-experience	0.0	0.0	0.2	0.1	0.5	0.2	1.0	0.6	1.2	0.6
No. of responses	136	149	3530	3004	2561	2516	3335	3273	2061	2051

Schools Health Education Unit
University of Exeter

Health Related Behaviour Questionnaire
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YOUNG PEOPLE IN 1991

Percentage figures of boys and girls responding to

Question 54: Which of these do you think should be your main source of information about sex?

	Year 7		Year 8		Year 9		Year 10		Year 11	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Parents	62.8	78.2	58.9	75.2	55.6	72.7	52.3	68.6	51.1	66.7
Teachers	15.3	5.4	16.2	8.5	16.3	9.3	16.8	11.1	16.8	10.3
Friends	2.9	4.1	7.0	5.6	8.4	6.1	9.4	7.1	10.7	8.0
Siblings	2.2	4.1	2.7	2.8	2.8	2.9	3.0	2.8	2.5	2.6
G.P. or FPA etc.	3.6	4.1	4.3	2.6	5.0	2.9	5.2	4.8	5.7	6.4
Stories in books	1.5	2.0	1.4	1.6	1.8	2.2	1.5	1.2	1.5	1.6
TV, videos, films	9.5	0.7	6.8	1.9	6.6	1.6	6.8	1.6	6.7	1.2
Posters/ leaflets	1.5	1.4	2.5	1.8	3.1	2.3	4.3	2.6	4.3	2.8
Self-experience	0.7	0.0	0.3	0.1	0.4	0.1	0.7	0.1	0.7	0.2
No. of responses	137	147	3576	3057	2584	2549	3366	3286	2071	2052

Year 7 Parents' Evening

OHT 6.1a

Teenage Sexual Health

Teenagers . . .

. . . are slightly more likely to be virgin at 16 than not *(between ⅓ and ½ of 16 year-olds have experienced sexual intercourse).*

. . . if sexually active before 16, are very much less likely to have used contraception, or to have used it accurately *(most younger teenagers use no form of contraception at all on their first experience of intercourse).*

. . . if sexually active before 16, are more likely to be pregnant before 18.

. . . if pregnant, are more likely to have illness of mother or infant, although this may be connected with other economic or social factors as much as youth alone. It has been suggested that the late teenage years are "biologically ideal for child-bearing".

. . . if married young are more likely to divorce than older peers.

Sources:

Various publications from Ford, N., Institute of Population Studies, Exeter

Leaflets from Family Planning Association, London

Clift, S., & Stears, D. *HIV/AIDS Education in the Secondary School*, AVERT

Teenage Sexual Health

OHT 6.1b

Young pregnant women are likely to seek advice or support later; are more likely to have personal and social problems, and are more likely to become pregnant again quickly.

Nearly all young people at 16 can accurately identify activities that carry risk of HIV infection.

Substantial percentages of young people express worry or concern about situations that carry little or no risk of HIV infection.

Young people who are more sexually active are less likely to practise safer sex.

Young people are much more likely to think their friends may become infected with HIV than that they themselves will be.

Young people often over-estimate the percentage of their peers that are sexually active.

Young people are likely to assess their current partner as 'safe'.

Young couples who use condoms early in a relationship are likely to shift to other methods of contraception, thus losing disease-prevention feature of condoms.

16-21 year-olds are more likely to use condoms as contraceptive method than older people.

60% of young people aged 16-21 see sex being in the context of a loving steady relationship.

Younger pupils in schools are more likely to express more traditional views, restricting sex to marriage, than older teenagers.

Sources:

Various publications from Ford, N., Institute of Population Studies, Exeter

Leaflets from Family Planning Association, London

Clift, S., & Stears, D. HIV/AIDS Education in the Secondary School, AVERT

Example of Year 9 Parents' Evening: Cross-Curricular Sex Education

1. Welcome

2. Purpose of the evening

- To inform parents about the sex education programme in the school.
- To describe the CCSE project.
- To give parents experience of exercises from the curriculum modules.

3. General Introduction

Focus on:

- The medical rationale for such a project (OHTs with information and statistics on teenage sexual health, pages 6.10–11).
- The history of the project in Somerset.
- How and why the school got involved.
- The development of CCSE within the school.
- National Curriculum and CCSE objectives.
- The cross-curricular approach of the project.
- Other approaches to sexual health in the school.

4. Questionnaire 'Top Ten Needs'

(See RE1 module in CCSE **Teaching Materials** book, page RE1.5)

Parents complete questionnaire (see page 6.14), and compare with young people's results. Discuss.

5. Parent Workshops (Circus)

Teachers provide an opportunity for groups of parents to experience a number of curricular modules taught in Year 9.

6. Plenary

Allow parents the opportunity to express their general thoughts and observations about the evening.

7. Reflections on the evening

Ask the parents to complete an evaluation form (see page 6.16) which identifies their feelings about the various parts of the evening. It should enable the school to identify the successful and not-so-successful parts of the programme for future reference.

Year 9 Parents' Evening
Cross-Curricular Sex Education
Sample letter of invitation to parents

Dear Parents

We are holding a Health Education Evening for parents on (date) at (time) at the school. We will be concentrating on the Cross-Curricular Sex Education Project which we are running in the school. You will have the opportunity to hear more about the Project from one of the Research Team at the Schools Health Education Unit at Exeter University, and be able to take part in one or two lessons that form part of this programme. There will be a Question and Answer session at the end, followed by refreshments. Are there any topics you would like to see discussed during the Question and Answer session?

To help with our arrangements, could you please fill in and return the reply slip to the school by (date).

Yours sincerely

Headteacher

.....

I/we am/are able/unable to attend the Health Education Evening on (date).

Name of student ..... Tutor group .....

Suggested topic for the Question and Answer session:

.....

Signed .....

Top ten needs of teenagers

Teenage years are a challenging, exciting and increasingly responsible time of life. Think about people's needs at this important time, and write down the ten most important needs you think young people have. Here are some ideas that teenagers have come up with — you can use these as well as any thoughts of your own.

- To have self-respect.
- To have guides between right and wrong.
- To have good friends.
- To be encouraged for achievements.
- To have enough money to be comfortable.
- To have privacy from adults.
- To belong to an organisation.
- To love and be loved.
- To have a strong family.
- To have a personal identity.
- .....
- .....
- .....

Write down the top ten needs of teenagers using any of the above suggestions or others that you feel are also important.

EITHER: Circle the top three needs from the list above,

OR: Put the needs in order of importance, from 1-10.

1. .....
2. .....
3. .....
4. .....
5. .....
6. .....
7. .....
8. .....
9. .....
10. .....

Discuss your opinions with others in your group. You may want to change your list after this discussion.

Example programme for Year 9 Parents' evening

(at CCSE Community School)

1930	Welcome and introduction	Headteacher
1945	The CCSE Project in Somerset and within the National Curriculum	Advisory teacher
1950	The CCSE Project from the school's perspective	Deputy Headteacher for Pastoral Care
1955	Questionnaire 'Top Ten Needs' (see RE1 module) Parents complete and compare with young people's results. Discuss	School Co-ordinator
2010	Parents in three groups. (Decided by coloured card on arrival). Each group visits two workshops.	
	Drama	
	PE	
	Science	
	Technology (Home Ec.)	
2045	Plenary in library.	
	Coffee, questions and answers, all staff and Advisory Teacher, School Co-ordinator, plus Family Planning sister and Social Worker.	
2100	Official close, informal mingling and discussion.	

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Suggested proforma for evaluation of parents' evening

The aims of this evaluation is to ascertain the feelings/reactions of the parents to the process and content of the evening, e.g.:

1. What did you find most useful?

.....

.....

2. What did you find least useful?

.....

.....

3. How appropriate do you consider this approach to sex education to be for your child?

.....

.....

4. Any other comments?

.....

.....

.....

Schools Health Education Unit
University of Exeter

Health Related Behaviour Questionnaire
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YOUNG PEOPLE IN 1991

Percentage figures of boys and girls responding to

Question 53: Which of these is your main source of information about sex?

	Year 7		Year 8		Year 9		Year 10		Year 11	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Parents	33.8	55.0	28.8	42.3	22.9	36.6	18.2	28.5	17.3	27.7
Teachers	12.5	4.7	16.4	10.5	16.7	8.4	14.8	8.8	11.7	7.4
Friends	23.5	18.8	25.0	23.0	28.7	28.4	34.5	34.8	36.6	36.9
Siblings	5.9	12.1	6.9	7.4	6.9	8.2	6.4	7.5	6.0	6.9
G.P./FPA etc.	0.0	0.0	1.1	0.7	1.4	0.8	0.7	1.0	1.0	2.0
Stories in books	1.5	3.4	4.2	7.4	4.5	8.6	5.1	10.5	4.9	10.0
TV videos, films	15.4	3.4	13.4	5.4	14.9	5.4	15.6	5.2	16.8	4.3
Posters/leaflets	7.4	2.7	3.9	3.4	3.6	3.5	3.8	3.1	4.4	4.0
Self-experience	0.0	0.0	0.2	0.1	0.5	0.2	1.0	0.6	1.2	0.6
No. of responses	136	149	3530	3004	2561	2516	3335	3273	2061	2051

Schools Health Education Unit
University of Exeter

Health Related Behaviour Questionnaire
Copyright John Balding 1990

YOUNG PEOPLE IN 1991

Percentage figures of boys and girls responding to

Question 54: Which of these do you think should be your main source of information about sex?

	Year 7		Year 8		Year 9		Year 10		Year 11	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Parents	62.8	78.2	58.9	75.2	55.6	72.7	52.3	68.6	51.1	66.7
Teachers	15.3	5.4	16.2	8.5	16.3	9.3	16.8	11.1	16.8	10.3
Friends	2.9	4.1	7.0	5.6	8.4	6.1	9.4	7.1	10.7	8.0
Siblings	2.2	4.1	2.7	2.8	2.8	2.9	3.0	2.8	2.5	2.6
G.P. or FPA etc.	3.6	4.1	4.3	2.6	5.0	2.9	5.2	4.8	5.7	6.4
Stories in books	1.5	2.0	1.4	1.6	1.8	2.2	1.5	1.2	1.5	1.6
TV, videos, films	9.5	0.7	6.8	1.9	6.6	1.6	6.8	1.6	6.7	1.2
Posters/ leaflets	1.5	1.4	2.5	1.8	3.1	2.3	4.3	2.6	4.3	2.8
Self-experience	0.7	0.0	0.3	0.1	0.4	0.1	0.7	0.1	0.7	0.2
No. of responses	137	147	3576	3057	2584	2549	3366	3286	2071	2052

Year 9 Parents' Evening

OHT 6.1a

Teenage Sexual Health

Teenagers . . .

. . . are slightly more likely to be virgin at 16 than not *(between ⅓ and ½ of 16 year-olds have experienced sexual intercourse).*

. . . if sexually active before 16, are very much less likely to have used contraception, or to have used it accurately *(most younger teenagers use no form of contraception at all on their first experience of intercourse).*

. . . if sexually active before 16, are more likely to be pregnant before 18.

. . . if pregnant, are more likely to have illness of mother or infant, although this may be connected with other economic or social factors as much as youth alone. It has been suggested that the late teenage years are "biologically ideal for child-bearing".

. . . if married young are more likely to divorce than older peers.

Sources:

Various publications from Ford, N., Institute of Population Studies, Exeter

Leaflets from Family Planning Association, London

Clift, S., & Stears, D. *HIV/AIDS Education in the Secondary School*, AVERT

OHT 6.1b

Teenage Sexual Health

Young pregnant women are likely to seek advice or support later; are more likely to have personal and social problems, and are more likely to become pregnant again quickly.

Nearly all young people at 16 can accurately identify activities that carry risk of HIV infection.

Substantial percentages of young people express worry or concern about situations that carry little or no risk of HIV infection.

Young people who are more sexually active are less likely to practise safer sex.

Young people are much more likely to think their friends may become infected with HIV than that they themselves will be.

Young people often over-estimate the percentage of their peers that are sexually active.

Young people are likely to assess their current partner as 'safe'.

Young couples who use condoms early in a relationship are likely to shift to other methods of contraception, thus losing disease-prevention feature of condoms.

16-21 year-olds are more likely to use condoms as contraceptive method than older people.

60% of young people aged 16-21 see sex being in the context of a loving steady relationship.

Younger pupils in schools are more likely to express more traditional views, restricting sex to marriage, than older teenagers.

Sources:

Various publications from Ford, N., Institute of Population Studies, Exeter

Leaflets from Family Planning Association, London

Clift, S., & Stears, D. *HIV/AIDS Education in the Secondary School*, AVERT

6.3 Governors: the law

Legislation

School governors are responsible for the whole curriculum offered to pupils in the schools, although the National Curriculum has removed responsibility for some decisions on content. There are, however, some very precise responsibilities that school governors will need to be aware of with respect to sex education.

Sex Education Policy

The 1986 Education (No2) Act placed responsibility on governing bodies for determining what sex education should be offered in their schools and how it should be taught.

Section 18(2) of the 1986 Act stated that:

> * Governing bodies are required to make, and keep up to date, a separate written statement
> (i) of their policy with regard to the content and organisation of the proposed curriculum

DES Circular 11/87 'Sex Education At School' provided further guidance for school governors:

> * Governors are statutorily required to consult the head-teacher and will find useful the professional advice which the headteacher and other staff are able to offer. Ultimately, the content of the school's sex education policy is for the governors to decide.
>
> * As part of the responsibility for deciding policy on the content of any sex education to be offered, governors may determine their school's overall approach to teaching about sexual matters.
>
> * Governors should consider whether and how parents should be given opportunities to see teaching materials for themselves and to receive explanations of the way in which they are to be used.

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Homosexuality

Section 28 of the Local Government Act (50.1) 1988 stated

* 'Prohibition of promoting homosexuality by teaching or by publishing material
2A (i) A local authority shall not
a) intentionally promote homosexuality or publish material with the intention of promoting homosexuality;
b) promote the teaching in any maintained school of the acceptability of homosexuality as a pretend family relationship by the publication of such material or otherwise.'

The Department for the Environment has advised that Section 28 does not apply to schools, as section 18 of the 1986 Education (No.2) Act gives school governors responsibility for decisions on sex education in schools.

Contraceptive Advice

The DES Circular 11/87 stated:

* 'Giving an individual pupil (under 16) advice on such matters without parental knowledge or consent would be an inappropriate exercise . . . and could, depending on the circumstances, amount to a criminal offence.'

This does not mean that contraception cannot be discussed, but individuals must not be given specific advice.

The **Education Act 1993** made new arrangements for Sex Education which will come into force in September 1994. The major changes are:

- education about human sexual behaviour (including education about HIV and AIDS) will be removed from the National Curriculum. However this will have to form part of the Sex Education programme in maintained secondary schools.
- all maintained secondary schools, and maintained special schools with secondary age pupils, will be required to provide such sex education for all their pupils;
- at maintained primary schools, sex education will remain discretionary; and at all maintained schools, parents will have the right to withdraw their children from all or part of the sex education offered.

It is anticipated that the Department for Education will issue a revised circular for 11/87, in the spring of 1994. It is expected to contain exemplars of good practice.

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Sex education as understood by health educators is often much wider and less distinct an area than may be interpreted by some parents and governors. It includes aspects of growth, personal relationships, risk appreciation, responsibility and family life.

It is therefore essential that governors liaise closely with the headteacher and staff and are kept aware of, and continuously updated on, the implementation of the sex education policy in their school.

Useful Publications for School Governors

Curriculum Guidance No 5 — Health Education
National Curriculum Council 1990

Health Education From 5 to 16
Curriculum Matters 6
HMI Series, 1986

Sex Education: some guidelines for teachers
Dilys Went
Bell and Hyman, 1985

Guidelines for Church School Governors on Sex Education
General Synod of the Church of England
Memorandum 1988

Sex Education: the Muslim perspective
G Sarwar
Muslim Educational Trust 1989

6.4 Example programme and materials for Governors' workshop

An awareness-raising meeting for School Governors

Aims:

- To consider implications for schools of the legislation as it applies to sex education.
- To define the term 'sex education' within the framework of growth, personal relationships, responsibility and family life.
- To examine the content and teaching approaches to ensure effective sex education of pupils.
- To review resources available to schools.
-

Programme:

1. Welcome and introductions

2. Input: The National Perspective (legislation) — see OHTs 1 and 2

At the time of writing, the Education Act 1993 had received Royal Assent. A Department for Education Circular to replace 11/87 is expected in the spring of 1994.

3. Small-group work:

(i) Warm up

- Arrange governors in twos by matching pairs of statements (shown on following pages) relating to aspects of sexual health.
- Take feedback — ask for comments on the statements.

(ii) Discuss sex education past and present (fours or sixes).

- Take feedback.

(iii) Exploration of governors' views about sex education (twos).

- Provide each person with a number of statements relating to aspects of sex education (page 6.24). Ask them individually to record whether they agree or disagree with each statement.
- In twos compare responses and discuss differences of opinion.
- Take feedback.

4. Input: Whole-school approach to sexual health. Focus on:

- School ethos, policy, curriculum.
- Sex education in the curriculum:
    - why, what, when, how, by whom, for whom?
    - knowledge, attitudes, behaviour/skills
    - the learning environment
    - teaching methodology
    - overview of curriculum content

- Continuity and progression
- Co-ordination

5. Informal review of sex education resources available for use in the school.

6. Plenary.

What are our views about sex education?

1. Sex education is an essential element of school education.	AGREE/DISAGREE
2. Sex education is different from other forms of learning.	AGREE/DISAGREE
3. Sex education promotes promiscuity.	AGREE/DISAGREE
4. Sex education is the parent's job, not the teacher's.	AGREE/DISAGREE
5. Sex education is not needed in the primary school.	AGREE/DISAGREE
6. Children learn enough about sex education without the need to formalise or teach it.	AGREE/DISAGREE
7. Sex education should be taught by experts who visit schools.	AGREE/DISAGREE
8. There are circumstances in which governors should allow children to be withdrawn from sex education.	AGREE/DISAGREE
9. Young people have a right to sex education.	AGREE/DISAGREE

Governors' Sex Education Workshop: examples for exercise 3 (iii)

Sex education is best taught by health professionals such as the school nurse or local health visitors.

Teaching about sex encourages promiscuity among young people.

Sex education is about human reproduction.

Sex education in the primary school can be taught quite adequately by referring to pets and other animals.

There is no need for primary school children to be taught about sexually transmitted diseases and AIDS.

Sex education should be the sole responsibility of parents.

Sex education is more effective on a one-to-one basis than in a classroom situation.

Emphasising the equality of the sexes is an essential part of sex education.

The law that prohibits sexual intercourse for young people under sixteen is outdated.

Sexual relationships should be encouraged only between members of the opposite sex.

The media actively encourages young people to enter into sexual relationships at an early age.

Young people should be encouraged to experience love — not sex.

Sex before marriage should not be condoned.

Young people's interest in sex is a normal part of growing up.

Contraceptives should be freely available to young people.

Boys and girls have an equal desire for sexual knowledge and sexual experience.

The only reason for sex is to bring children into the world.

Young people should be given advice on contraception from an early age.

Homosexuality is a taboo subject in schools.

Parents should decide what form of sex education their children receive.

Sex education should be taught within a moral and family context.

Sex education should not be taught as an isolated topic in the school curriculum.

'Preparation for growing up' includes more than just an understanding of sexuality.

Sex education does not actually happen in school.

Governors should decide the sex education curriculum of the school.

The government's publicity on AIDS is really aimed at reducing promiscuity among young people.

Parents should have more control over the school curriculum, particularly with regard to sex education.

School governors should decide what form of sexuality education each child receives.

Some people believe that the government are prejudiced against homosexuality because they have stated that it should not be taught as the norm.

Sex education is about knowledge, attitudes, behaviour and skills.

The aim of sex education is to teach young people how to make informed decisions about their lives.

Sex education should aim to develop responsible attitudes in young people.

Today's children demand the facts of life.

Many of today's children know more about the facts of life than we give them credit for.

N.B. Use only a few at any one session

OHT 1

Sex Education Policy

The 1986 Education (No. 2) Act placed responsibility on governing bodies for determining what sex education should be offered in their schools and how it should be taught.

OHT 2

Education Act 1993: New arrangements for sex education

Section 241 of the Act introduced new arrangements to take effect from the Autumn term 1994.

Education about human sexual behaviour (including education about HIV and AIDS) will be removed from the National Curriculum;

all maintained secondary schools, and maintained special schools with secondary age pupils, will be required to provide such sex education for all their pupils;

at maintained primary schools, sex education will remain discretionary; and

at all maintained schools, parents will have the right to withdraw their children from all or part of the sex education offered.

7. The CCSE Project approach to working with Health Care Professionals

on Sex Education

CONTENTS

Section		*Page*
7.0	Summary	7.2
7.1	Promoting links with Health Authority planning teams: The Somerset Model	7.3
7.2	Guidelines to good practice	7.5
7.3	Local sources of support	7.11

The CCSE Project in Somerset

Schools Health Education Unit, University of Exeter: John Balding, Anne Wise, David Regis
Somerset Health Authority: Clare Laker, Kath Wilson, Nigel Laycock
Somerset Education Services

7.0 Summary

This section describes ways in which schools can liaise with Health Authority staff and other local sources of support. This support may be used for the CCSE project and other aspects of their school's health education programme.

7.1 Promoting links with Health Authority planning teams: The Somerset Model

Health care professionals can offer a variety of support to schools, from resources to 'expert knowledge', advice and guidance. The following model shows the way teams of health care professionals in Somerset operate.

Within Somerset there is an annual collection of data of secondary school students using SHEU's Health Related Behaviour Questionnaire. The database, so produced, informs health care planning by a variety of multi-disciplinary teams shown in the nine groups in 'The Somerset Model' (see overleaf)

Periodic data collection provides serial data on trends and priorities.

The Somerset Model

1 Food, Nutrition and Diet
- District Dietitian
- Health Promotion Specialist
- School Nurse
- Health Visitor

2 Doctors, Medication & Dental Health
- Consultant Community Paediatrician
- Dental Health Education
- District Dental Officer
- Medical Adviser — Family Health Services Association
- Nurse Specialists
- School Nurse
- Health Visitor

3 Mental Health Issues & Psychological Aspects
- Principal Educational Psychologist
- Doctor — Health Authority
- Health Promotion Specialist
- Community Psychiatric Nurse team
- School Social Workers

4 Drugs
- Health Promotion Specialist
- Local Youth/Drug Services
- School Nurse
- Health Visitor
- School Social Workers

5 Alcohol
- Health Promotion Specialist
- Local support agencies
- School Nurse
- Health Visitor

6 Smoking
- Health Promotion Specialist
- School Nurse
- Health Visitor

7 Safety
- Health Promotion Specialist
- School Nurse
- Health Visitor

8 Health Related Exercise and Active Lifestyle
- Athletics Development Officer — Sports Council
- Health Promotion Specialist
- General Adviser, Physical Education

9 Sex Education and Health Sexuality
- Health Authority HIV Co-ordinator
- Positive Action (HIV Prevention)
- Health Promotion Specialists
- Family Planning Service
- School Nurse
- Health Visitor

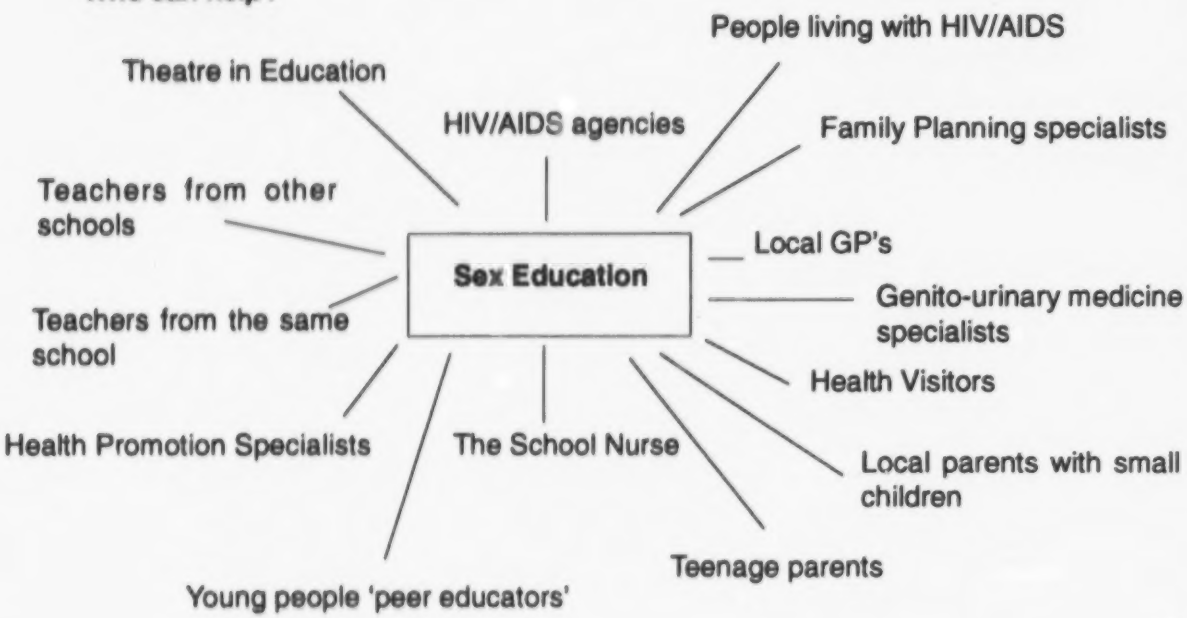
Health Related Behaviour Database

7.2 Guidelines to good practice

Visitors in the classroom

A recent survey: *Living for tomorrow: Making Choices in Uncertain Times* was undertaken by the National AIDS Trust (*contact:* National AIDS Trust, Room 1403, Euston Tower, 266 Euston Road, London, NW1 3DN. Tel: 071 383 4246). This found that young people welcomed the use of outside speakers and visitors in the delivery of sex education.

Who can help?



How can visitors help?

Visitors to the classroom can be useful for both pupils and staff, depending on who they are and how they are used. They can:

- lend credibil..y and status to sex education lessons
- provide expert knowledge and experience
- stimulate thought and discussion
- answer students' questions
- encourage those inhibited in talking about sex with their teacher
- provide support and staff development for the teacher in charge
- provide role models students can relate to
- prove memorable
- raise awareness of local provision and sources of support
- highlight potential career possibilities

The advantages they bring must be balanced against some of the difficulties a visitor can pose, such as:

- inappropriate messages
- lack of skill in talking with young people
- unavailability for multiple inputs
- lack of continuity in longer-term planning
- possible costs
- short-term impact
- co-ordination of follow-up

The real question is: Can they offer anything the school staff could equally well provide themselves?

In order to make best use of outside visitors, the following guidelines may be helpful:

Guidelines for use of Visitors in the Sex Education Curriculum

- Always meet visitors before inviting them into the classroom.
- Ensure visitors have a copy of the School Sex Education Policy and understand the implications of this.
- Always plan the session with visitors, discussing appropriate methodology and intended learning outcomes.
- Ensure visitors are aware of how their input fits into the broader programme, making clear what has gone before and how the session will be followed up.
- Ensure that visitors are aware of the needs of the group and that their resources and style are suitable for the age and ability of the pupils involved.
- Consider how the session will be evaluated and pass this information on to the guest.
- Where pupils involved are under 16 the teacher must always be present.

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Planning a visit

This form is intended to help both the school and visitor plan their input.

Name of school ..... Name of visitor .....

Contact teacher ..... Organisation .....

Address & telephone number Address & telephone number

....

....

....

....

Date of visit ..../..../.... Time from ..... to .....

Meeting place i.e. school office .....

Aims and Objectives:
What is the theme of the input? .....

What do you hope to achieve? .....

Background Information

- Is everyone aware of the School Sex Education Policy?
- Have the needs and ability of the group been made clear?
- How will this session fit into the broader programme?
- What are the pupils' expectations of this session?
- How will this session be evaluated?

Methodology and Resources

- What methods will be used?
- How will the classroom need to be organised?
- What resources are needed? Who will provide them?

Planning a session: Some ideas for visiting speakers

"Tell me and I'll forget
Show me and I'll remember
But involve me and I'll understand"

Young people learn best when they are actively involved. The techniques listed below are not an exhaustive list but will be helpful in planning interesting and enjoyable lessons. It is important that the teacher and visitor plan which activities to use together.

How to get started

Creating the right atmosphere is vital. The class and visitor must feel comfortable and able to work together. The layout of the classroom will affect this. It is worth spending time removing desks and arranging chairs in a circle before you begin. Decide as a class what rules are needed to get the most out of the lesson, i.e. listen to each other, respect other views, etc.

Introduction

Name Games:	Fun exercises for younger children, e.g. think of a word to do with the topic and put it before your name . . . Baby Becky Condom Chris Safer Sex Simon

Introducing the topic

Brainstorms:	Issue groups of 3–4 with paper and pen and ask them to write down words associated with the topic (e.g. Contraception).
Short Story:	Giving a brief anecdote which captures the imagination and focuses on the topic.
Quick Quiz:	True and false facts about the topic. No more than 5-10 questions.
Trigger Pictures Posters/Objects	What does it mean to you?

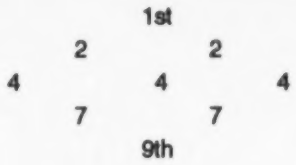
Giving Information

Video:	Use video with care, showing only short sections at a time, stopping to discuss and clarify points as you go. *Always be familiar with material before using it.* Never spend a whole lesson watching a video.
Quizzes and Questionnaires	True/false facts about topic (10-20 questions).
Questions in hat:	Issue slips of paper. Ask each child to write one question (anonymous if they wish) and place it in the hat. Each child pulls out a question in turn and attempts to answer it. If the children are younger or have problems writing, you could ask the teacher to read or write out the questions for you.
Information sorting:	Take an information sheet suitable to the ability of the group. Cut up individual statements and ask groups of 3–4 to put together the information correctly. Go over it and add to it if you wish.
Information search:	Use posters, information sheets. Issue young people with sets of questions and get them to find out the answers. Go over.
Role play:	Mock scenes, e.g. cards and role-play situations: issue role cards to members of class and enact the scene. Debrief the situations with the class.

Prompting discussion

Whole class discussions are always difficult to manage even for very experienced teachers. Wherever possible break the class down into smaller groups and give each group a task to complete.

Diamond 9: Issue group with 9 statements about topic and ask them to prioritise in shape of diamond.



Value continuums: Write statements on a sheet or cards, and ask them which they agree/disagree with on a scale of 1-5.

Take a stand Read out a statement and ask the children to move to the corner of the room which represents agreement or disagreement with the statement.

Role play Discussions in role as to who is right and wrong.

'For and Against' circles Working in pairs argue with another pair to convince them of alternative view.

Trigger Pictures/ Posters/Newspaper articles Use a picture or article to prompt discussions e.g. What do you think about it? What should happen?

Design a group poster Expressing how the group feels about the topic.

Rounding off

Always leave a few minutes to conclude the session. Do not allow the bell to ring halfway through an activity.

Questions: Time for individuals to ask questions.

Rounds: Ask each person to complete a sentence, e.g. "One thing I have learnt today .....".

Find out what else the group would like to know.

Smile again — even though you may not feel like it!

Remember whatever happens don't give a lecture! Break up the lesson into a variety of activities, which the young people can concentrate on.

7.3 Local Sources of Support

In Somerset, schools were referred for support to the following agencies. We hope you enjoy the same quality of support in your area.

Schools Health Education Unit
School of Education
University of Exeter
Heavitree Road
Exeter EX1 2LU

Tel: 0392 264722

School Programme Team
Somerset Health Authority
Health Promotion Unit
Chiltern Lodge
Tone Vale Hospital
Norton Fitzwarren
Taunton TA4 1DB

Tel: 0823 432132

Curriculum development, teaching packs, videos, leaflets, In-service training, Parent and Governor meetings, Staff meetings

Positive Action
Somerset Health Authority
District Headquarters
Wellsprings Road
Taunton

Tel: 0823 333491

HIV/AIDS teaching packs, leaflets, posters, videos, condoms (all free in Somerset DHA area)

School Nurse
(contact Schools Programme Team for contact name if not known)

Resources, class support, information, etc.

GP Surgery
(See local directory)

Information, local perspective, access to Health Visitor, Practice Nurse, Family Nurse

Family Planning Services
Taunton and Somerset NHS Trust
East Reach Centre
East Reach
Taunton

Tel: 0823 331121

Yeovil Youth Advisory Clinic
Preston Road Clinic
Yeovil

Tel: 0935 23981

Contraception, pregnancy, advice and counselling

Body Positive Somerset
P O Box 258
Taunton
TA2 7QW

0823 324417

Information, confidential support and advice on HIV/AIDS

Somerset AIDS Advice
PO Box 187T
Taunton
TA1 2QZ

0823 332727

Information, telephone help-line, confidential support and advice on HIV/AIDS

ISBN 85068 145 6

Schools Health Education Unit
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